THE NAME OF THE PARTY OF THE PA

Description of the Control of the Co

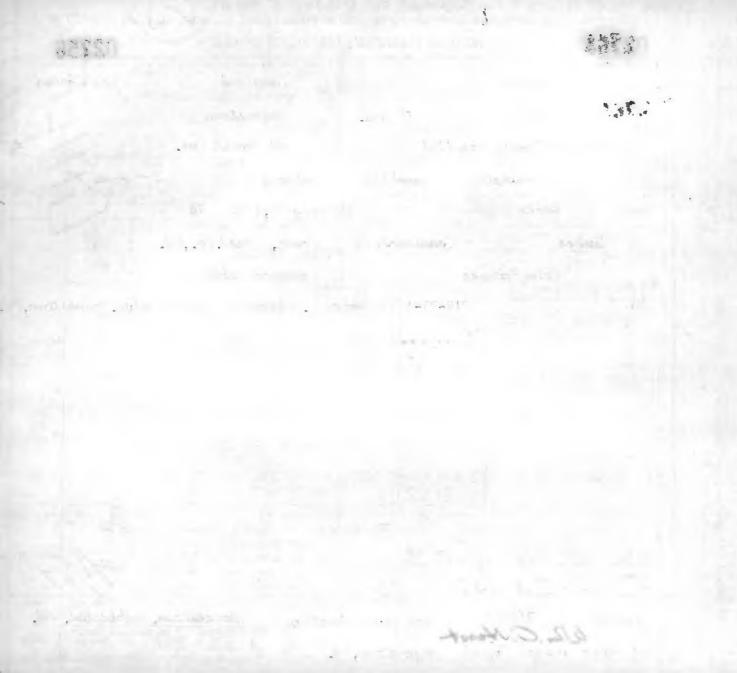
0276	2	MED	ICAL EXAMI	VER'S	CERTIFICATE (02	755
1. PLACE OF DEATH o. COUNTY	ashington		dala	YLAND	2. USUAL RESIDENCE O. STATE Maryl	Where deceosed I	lived, if institution: Re b. COUNTY W.A.S.	hingt	odinission)
b. CITY OR TOWN	(If outside corporate limits,		c. LENGTH OF STAY		c CITY OR TOWN (If a	utside corporate li			
	(If autside corporate limits, and give neorest town)		8 Mon		Hagers	town		21-1	
d. NAME OF HOSE 149	South Mulk	n hospital, g	ive street oddress) St		d. STREET ADDRESS 149 S	outh M	ulberry		ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Dwight		Middle Troy		Alexander		Month Februar		
Male	White	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		8. date of Birth uly 12,19	00	ost birthdoy) Mag	ths Doys	IF UNDER 24 HRS Hours Min.
during most of working	ON (Give kind of work done to life, even if retired)	10b, KII	NO OF BUSINESS OR		11. BIRTHPLACE (Stote Hagersto	wn, Wasl		2. CITIZEN OF	
13. FATHER'S NAME	arence W. A	llovo	ndon		14. MOTHER'S MAIDEN Shirl		wler		`
	VER IN U.S. ARMED FORCES?		OCIAL SECURITY NO.	17. 1	INFORMANT	еу во	Address		
(Yes, no, or unknown	(If yes give war or dates of so NONE	ervice)	None		larence W	.Alexa			
18, CAUSE OF PART I. DI	DEATH (Enter only one couse ATH WAS CAUSED BY:		(o), (b), ond (d).)	of	vomitus			SU	RVAL BETWEEN
5710	IMMEDIATE CAUSE (o) DUE TO								
Conditions, if or	ote couse (a)		iral gast	roen	teritis			1 d	ау
stoting the uni									
PART II OTHER	SIGNIFICANT CONDITIONS CON		O DEATH BUT NOT RE	ATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN	PART 1(o)		WAS AUTOPSY PERFORMED?
CALICE OF DEATH	ONTRIBUTING	20b. DES	SCRIBE HOW INJURY O	CCURRED.	(Enter noture of injury in	Port I or Port II	of item 18.)		
	UURY Month, Doy, Yeor o.m. 19	20d IN While of work	JURY OCCURRED 3	20e. PLA foct	CE OF INJURY (Home, for ory, street, office bldg., etc	n, 20f. (Ci	ity or town)	(County)	(Stote)
	ify that I taok charge o	of the rem	nains described o						in my opinio
death resi	ulted from: Noturol	couses 🗦	, Accident	, Suic	ide 🔲, Homicide		termined manner		/27/67
ACTUAL SIGNATURE	House	11.	Bake		CHIEF MEDICAL M.D. ASSISTANT ME	CAL EXAMINER			2. DATE SIGNED
EXAMINER'S NAME (Type)	Howard N.	Weeks	s, M.D.		DEPUTY MEDIC	AL EXAMINER			rn Ave
230. BURIAL, CREMA Buremoya (Spec	TION, 23b DATE THERE	OF	23c. NAME OF CEM			23d. LOCATI	ON (City or Town) rstown, N	(County)	
24. FUNERAL DIRECT	K. Coffman l					D BY REGISTRAR	2Sh REGISTRA		Judge

6 - 2195

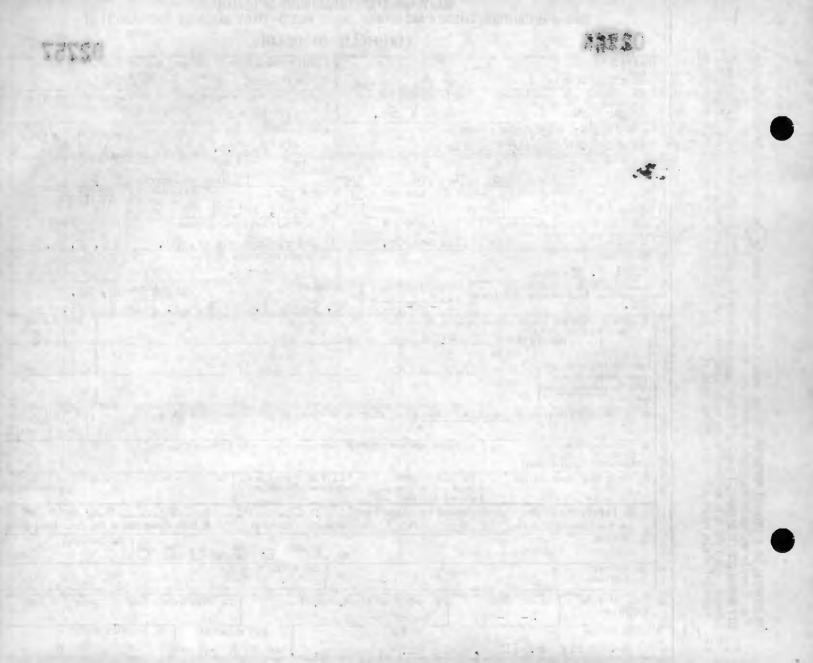
ertso

2 18

02763	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	RYLAND 21201
1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived, if in	titution Paridone before admirrian
a. COUNTY Washington	***		COUNTY Washington
b. CITY OR TOWN (If outside corporate limits,	MARYLAND C. LENGTH OF STAY IN 15	c. CITY OR TOWN (If outside corporate limits, write	
write RURAL and give nearest tawn) Ragerstown	50 yrs.	Hagerstown	NORAL DIG GIVE ITEGIESI IDWIII)
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
79 Washington County		44 Summit Ave.	ON A FARM? YES NO PC
3. NAME OF First	Middle	0.7	Manth Doy Year
(Type or print) Marsha	U Franklin		2-4-67 19
44.4	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year	rs IF UNDER YEAR 1F UNDER 24 HRS. y) Manths Doys Haurs Min.
		January 27, 1891 76 birthdo	
10o. USUAL OCCUPATION (Give kind af wark dane during most of weeking life, even if retired)	10b, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)	Construction	Lantz, Gred. Co., Md.	COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Amb		Samantha Smith	Address
(Yes, no, or unknown) (If yes give wor or doles of ser		len E.litterbach Gen'l	127.172
18. CAUSE OF DEATH (Enter only one couse p		cen (scacewaar gen c	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ration of vomitus with	ONETT AND DEATH
921.9 IMMEDIATE CAUSE (a) A	pulmonary	congestion and edema	hours
Canditians, if any, which gave) (b)	Acute alcoholis	Sm.	
rise to immediate couse (o), Stoting the underlying couse DUE TO			
last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a	19. WAS AUTOPSY PERFORMED?
(Allie			YES 🗷 NO 🗌
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Part I ar Port II of item 18)
	20d. INJURY OCCURRED -2 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town	(Caunty) (State)
Haur a.m.	While Nat While for	ctory, street, affice bldg., etc.)	(conity) (siote)
p.m. 17	f the remains described above b	reld an Autopsy A, Inspection ,	nguiry , and in my apinian
	auses , Accident , Sui		
A CONTROLLED	Accident,	CHIEF MEDICAL EXAMINER	THOMIET E
ACTUAL A SALI	Aloto In	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
SIGNATURE		DEPUTY MEDICAL EXAMINER	76/14
SIGNATURE VA			/ -//
2 EXAMINER'S ATTEWS	AITTO TO	Address (Street, city, tawn, ar county)	1/0/
EXAMINER'S		Address (Street, city, tawn, ar county) R CREMATORY 23d. LOCATION (City of	r Town) (Caunty) (State) , Washington, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02764 completely filled in by the funeral nave carban papers. Pages 1 and within 72 haurs after dear executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. COUNTY Washington o. SIATE Maryland b. COUNTY Washington MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 14 Yrs. Hagerstown Hagerstown d. STREET ADDRESS e. IS RESIDENC lease remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) ON A FARM? Washington County Hospital 2304 Gay St. NO X 3. NAME OF Middle 4. DATE Manth Day DECEASED Lillian Louise February 19 67 Annan (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR LIE UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED last birthday) Months Davs Haurs Female White WIDOWED DIVORCED August 4, 1913 12. CITIZEN OF WHAT 10g USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) pe during most of warking life, even if retired) COUNTRY? INDUSTRY physician pup Finance Co. Rural Boonsboro, Md. U. S. PHYSICIAN: The law requires that the death certificate 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 0 remaya en Earl V. Thomas Ada Shifler 16. SOCIAL SECURITY NO. 17. INFORMANT Hage Addressown . Md . 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, og, or unknawn) (If yes give war ar dotes at service) 214-09-5826 Mr. Edgar L. Annan, Jr. 2304 Gav St. cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by **DUE TO** Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse attending 1 this certificate has been priar ta use as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) detached far use te Dept, af Health NO Z be retained by the hospital ar 205, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. factory, street, office bldg., etc.) Not While O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram_ 1950, to_ tel 1 ____, 19627, that (1) (we) last shauld 1967, and that death accurred at 1500 M, fram causes and an the date stated above. saw the deceased alive an_ 220 SIGNATURE DIRECTOR director, page 3 shauld be filed v M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) to mde 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 2- 9- 67 Boonsboro Cemetery Boonsboro ADDRESS 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE FFB 10 Ochanda Ondes 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the funeral loges 1 and 2 rs after death. executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH Waryland Washington Washington and completely filled in by the fur remave carban papers. Pages 1 in any event, within 72 haurs after **MARYLAND** b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 1 Day Clearsprong R # 1 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? WAshington County Hospital Broadfording Road NO XXX NAME OF First Middle 4. DATE Year DECEASED OF DEATH FRANK (NMN) BARNHART Febv 1967 (Type or print) SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED XX 8. DATE OF BIRTH NEVER MARRIED last pirthday) Haurs White Male WIDOWED DIVORCED April 11. BIRTHPLACE (County & Stote, or foreign country) Pa. 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR piease during most of working life, even if retired) Nousirtired Warfordsburg Franklin physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending phys burial-transit permit. Then pl burial, crematian, ar remaval, the attending phy requires that the death certif Stillwell Barnhart Elizabeth Mann WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, pa, or unknown) (If yes give war ar dotes of service Mrs Zulie Barnhart Clearspring R Broadfording Raad 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Cas Paremoni & Bacterenie IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stating the underlying cause has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Dept. of Health YES NO certificate 20b. DESCRIBE AND INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) (Stote) foctory, street, affice bldg., etc.) Hour 'a.m. Page 4 may be retained by the PUNERAL DIRECTOR: After 21. I certify that (I) (#sis hospital) attended the deceased from //- 2 2-1957 to 2-17 1967that (1) (we) last director, page 3 shauld shauld be filed with the 19 6.7, and that death occurred at 5 20 AM, fram causes and on the date stated above. saw the deceased alive on_ 22b. DATE SIGNED 22o. SIGNATURE ATTENDING M.D. DIRECTOR 2/18/67 PHYS. 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) Dalton M. Welty. 998 Potomac Avenue, Hagerstown, Md 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 2] Dunkard Cemetery Broadfording Wash Co Md .. Whur ADDRESS Home Inc 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

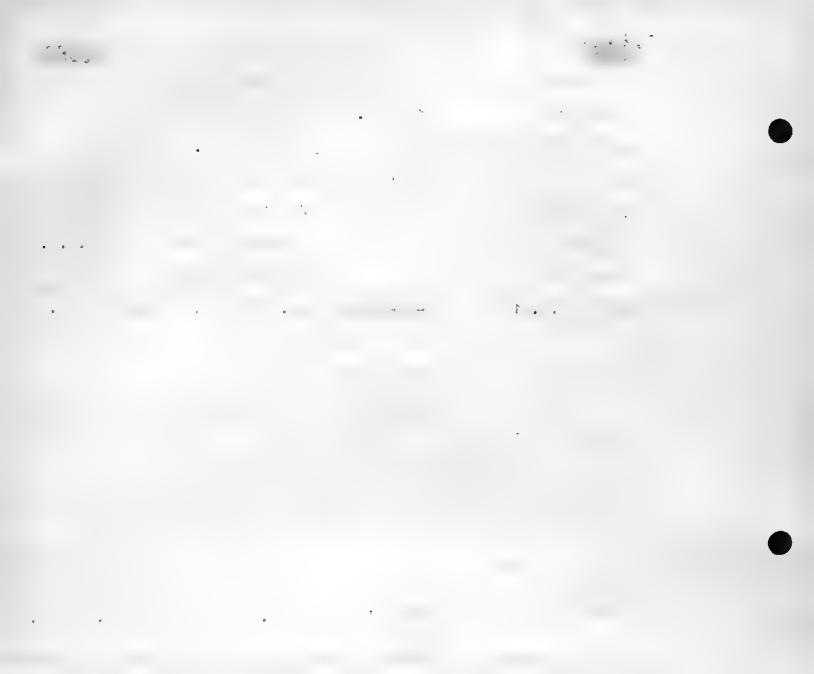
· · · · · · · · ACCURATION AND ADDRESS OF A STATE OF

It	en	IS 18&21 Film 387 4-17-MARYLAND STATE DEPAR DIVISION OF VITAL RECORDS, 301 W. PRESTON		
FOR STATE		92766 MEDICAL EXAMINER'S CE		19750
HEALTH DEPT		PLACE OF DEATH COUNTY WASHINGTON MARYLAND	O STATE MARYLAND b COUNTY WAS L	TINGTON
I hours ofter death. If any delay is liem 18 Give Poges 1, 2, and 3 to Office along with form PM3. Poge Ind 2 with the State Department of er death.			CITY OR TOWN (f outside corporate) m ts, write RURAL and give in HAGERSTOWN	nearest town)
form form		WASHINGTON COUNTY HOSPITAL	229 W. FRANKLIN ST.	e IS RES DENCE ON A FARM? YES NO 🔀
ofter death. If 8 Give Poges 1, olong with form with the Stote De		(type of pini)	ARR OF FEBRUARY	Poy Yeo 7
hours oft Item 18 G Office alor Iond2 with		FEMALE WHITE WIDOWED DIVORCED	1/0/1917 23 yrs	Doys Hours Min
perci in Item 18 cominer's Office of the pages I and 2 v hours after death	dur	HOUSEW IFE NDUSTRIE HOME	MARYIAND 4 MOTHER'S MAIDEN NAME	TRYS . A .
Exomin Exomin File pog	L	RALPH JOSEPH RILEY WAS DECEASED EVER IN U.S. ARMED PORCES? 16 SOCIAL SECURITY NO 17 INFO	BLANCHE SWARTZ	TOWN
pe executed by pending on the Medicol Example. Fill not within 72 h	(Ye	is, no, or unknown) (If yes give wor or dotes of service) 155-01-2422 M	R. FRANK T. BARR MD.	
INER: This certificate should be executed that the 24 ecrificate, writing the word "pending" in pentil in should be forwarded to the Chief Medical Examiner's files 3 should be used as a bunol-transit permit. File pages iton, or removal, and in any event within 72 hours after		IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) PENDITED Conditions, Tony which gove rise to immediate couse (a), stoting the underlying couse lost Conditions		INTERVAL BETWEEN ONSET AND DEATH Indefinite
This certificate, writh be forward be used removel, (ATION	PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERM NAL DISEASE (OND T ON GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES X NO
NER: The certification bould be should be should be should be on, or real	AL CERTIFICATION	PRIMARY 🗆 or CONTRIBUTING 🗆 CAUSE OF DEATH	er noture of in ury in Port I or Port II of term IB)	
	MEDICAL	Hour o.m. 19 While Not While foctory, p.m. 19 of work of work	OF INJURY (Home, form street, office bldg , etc.) 20f (City or town) (Count	'γ) (Stofe)
- 5 G G		21. I certify that I took charge of the remains described above, held all death resulted fram Natural causes 🕱 , Accident 🔲 , Suicide	, Hamiciae, Undetermined manner	and in my opinion
to die		ACTUAL SIGNATURE SIGNATURE N	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2-6-67	22. DATE SIGNED
o DEPUTY necessory, phe funerol of the funerol of the funerol of the funerol of the funeral of	Ž3c	NAME (Type) Dr. H. W. Ditto, Jr. BURIA, GREMATION 235 DATE THEREOF 235 NAME OF CEMETERY OR GREE	Address (Street city, town, or county) Hagerstow MATORY HAGERSTOWN W	ounty) (State)
2 = 5 2 ± VR A15ME (5) ₩	24	REMOVAÇÃO ROSE HILL C	HAGERSTOWN W	ASH. MD.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DER 2 USUAL RESIDENCE (Where deceased yed if institution p. COUNTY b. COUNTY WASHINGTON o STATE WASHINGTON 3 to MARYLAND MARY, AND b. CIY OR TOWN (If autside corparate limits, CLENGTH OF STAY IN 16 c CTY OR TOWN (If outs de carporate limits, write RURAL and give neprest town) YRS. HAGERSTOWN d NAME OF HOSPITAL OR NSTITUTION (If not in hospital give street address) d STREET ADDRESS ON A FARM? 342 SOUTH ST. WASHINGTON COUNTY HOSPITAL NAME OF Midd e 4 DATE First Month DECEASED ROY NEISON BEAVER FEBRUARY (Type or print) DEATH S SEX 8 DATE OF BIRTH 6 COLOR OR RACE 9 AGF (In veors 7. MARRIED NEVER MARRIED hrthday) Months WHITE 6/11/1901 72 haurs after death WIDOWED. DIVORCED 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHP, ACE (State or foreign country) 12 CT ZEN OF WHAT RATL ROAD PENNSYLVANIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME HANNAH CORDELL JOHN BEAVER IS WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address HAGERSTOWN (Yes, no or unknown) (1 yes a ve wor or dates of service) 705-12-2062A MRS. SUSAN H. BEAVER MD. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I DEATH WAS CAUSED BY event MMEDIATE (AUSE (o) Fractured skull s, writing the ward farwarded ta the Ch DHE TO Accidental fall Conditions if any which gave rise to immediate couse (a), DUTE TO stating the underlying cause PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Chronic alcoholic NO IN 200 EXTERNAL CAUSE WAS PRIMARX or CONTRIBUTING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part I of tem 18) Pt. fell at home, striking head. CAUSE OF DEATH MEDICAL 20r T ME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF NJURY (Home, form, 20f (City or town) foctory, street, office bldg, etc.)

Home 7:15 px 2/6/ While hot White of work of work Hagerstown Wash. Md. 21. I certify that I toak charge of the remains described above, held an Autopsy Inspection X Inquiry , and in my opinion Accident 💥 Suicide . death resulted from: Natural causes Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER \$ 580 Northern Ave. Howard N. Weeks, M.D. Address (Street, city, town or county) Hagerstown, Md. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Elly or Town) 0 BROWN'S MILL CEM. CO. PENNA. 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 2So RECD BY REGISTRAR VR A15ME (5) 6M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02768 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) ify filled in by the funeral son papers. Pages I and Within 72 hours after deat o. COUNTY b. COUNTY WASHINGTON WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, write RIPA) and give nearest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 39 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d STREET ADDRESS 1165 THE TERRACE WASHINGTON COUNTY HOSPITAL NO TX Middle 3. NAME OF 4 DATE Yeor DECEASED OF FEBRUARY ROYAL AUSTIN BELL. 67 event, (Type or pont) 8 DATE OF BIRTH **IF UNDER 1 YEAR** IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years birthdoy) WHITE MALE NOV. 12. 1896 WIDOWED DIVORCED pup 11 BIRTHPLACE (County & State, or foreign country) 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT INDUSTRY JEFFERSON CO., W. VIRGINIA 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removal, JOSEPH BELL ELLA ARNOLD HASERSTOWN AND MARYLAND 16. SOCIAL SECURITY NO. 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. of unknown) (If yes give wor or dates of service) MRS. ALICE BELL 1165 THE TERRACE 220-44-4650 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) signed by the burial-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY-4 astrointestinal IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove 1 (b) rise to immediate couse (a), DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 200 ACCIDENT WAS UNDERLYING 20b, DESCRIBETHOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. IIME OF INJURY Month, Doy, Year Hour a.m. 20d. INJURY OCCURRED Not While foctory, street, office bldg, etc.) of work of work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from + 24 , 1967, to 7eb 24, 1967, that (1) (we) last 7-16-24 1967, and that death occurred at 1-4-5 PM, from couses and an the date stated above. saw the deceased alive an_ 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR M.D PHYS 22c. PHYSICIAN'S 22d. ADDRESS 145 S. PROSPECT ST. HAGERSTOWN, MD. NAME (Type) . STAUFFER M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) 23o. BUR AL, CREMATION, REST HAVEN CEMETERY HAGERSTOWN. MARYLAND ADDR ESS 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR leaveler HAGERSTOWN, MARYLAND CHARLES M. ROUZER



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT-PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY a. STATE b. COUNTY WASHINGTON MARYLAND MARYLAND WASHINGTON Department after death. funeral b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) HAGERSTOWN 1 1MOS 3 DAY
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) HAGERSTOWN e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Give Pages 1, 2, and 3 to g with form PM3. Page State hours a NO X WASHINGTON COUNTY 1600 YES HOSPITAL OAK HILL. NAME OF First Middle Last DATE Month 4. Day Year the 72 DECEASED DF (Type or print) DEATH ELTZABETH 2 with within 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Deys | Hours | Min. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED V 9. WIDOWED DIVORCED FEMALE 10_14_1913 and a 10a, USUAL OCCUPATION (Give kind of work done l 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? PUBLIC HEALTH II S A 18. (MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address & WordhAVEN ROAD certificate should be executed within 20 iting the word "pending" in pencil in led to the Chief Medical Examiner's **©** (Yes. no. or unkown) | (If yes pive war or dates of service) permit. removal, MRS BESSIE A.BOWEN ST. LOUIS MISSOUFF 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN Sudden PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) pulmonary burial-transit cremation, or Massive embolus cremation, DUF TO Conditions, if any, which ďΝ gave rise to immediate **DUE TO** cause (e), stating the used as a l to burial, c underlying cause lest. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. ER: This certificate state, writing the water forwarded to the C YES NO 🔯 Fracture of ankle 3 should be agent, prior 1 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING X 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ice in front of house |20e, PLACE OF INJURY (Home, farm, | 20f. (City or town) Slipped on 20d. INJURY OCCURRED MEDICAL TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) EXAMINER: he certificate should be fo While Not While at work 66 CTOR: Page Hagerstown Front of home 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry Inspection and in my opinion please execute the cerdirector. Page 4 should retained for your files. TO FUNERAL DIRECTOR: P. of Health or its designa Undetermined manner Natural causes death resulted from: Suicide Homicide Accident CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 2-6-67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 580 AVE NAME (Type) HOWARD Address (Street, city, town, or county) 23d. LOCATION (City, think be combown BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY MARKEY LANT 23c. REMOVAL (Specify) 0 BURTAI FUNERAL DIRECTOR REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25a. VR ALSME (5) 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION_OF VITAL_RECORDS, 301 W_PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral pye PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) o. COUNTY o STATE b COUNTY papers. Pages Lin 72 havrs after MARYLAND b CITY OR TOWN (If outside corporate c LENGTH OF STAY IN 16 corporate leasts write RURAL and give nearest town) write RURAL and give nearest town IS RESIDENCE ON A FARM? .⊑ (If not in hospital, give street address) d STREET and in any event, within 72 filled i YES NO E NAME OF Middle DATE Month remave carban Year DECEASED (Type or print) 19 67 DEATH SEX IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED DATE OF BIRTH AGE (In years THEVER MARRIED 6 last birthdov) Months Dovs Hours WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retiged) INDUSTRY **COUNTRY?** 13 FATHER'S NAME ar remayal, 16. SOCIAL SECURITY NO INFORMAN (Yes, no, or unknown) (If we give wor or dotes of service crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: the. signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) _E O HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician DUE TO Conditions, if any, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse peen ue aerached far use as the State Dept. af Health priar ta last. has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? 200 NO certificate 20o ACCIDENT WAS JNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INTURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or lown) (County) (State) Hour o.m. factory, street, office bldg , etc) While Not While ot work at work 21. 1 certify that (1) (this hospital) attended the deceased from 1965 , ta 3 1967, and that death accurred at/2:30 MM, from causes and an the date stated above TO FUNERAL DIRECTOR: sow the deceased alive an 220 SIGNATURE 22b DATE SIGNED **ATTENDING** directar, page 3 shauld be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION (County) (Store) REMOVAL (Specify) 7.1967 Cedar Grove Cemetery Chambersburg, FranklinCo.Pa. Buria 24. FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR VR A15 (4) 25M 1/67 DATE



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02765

	1. PLACE OF DEATH COUNTY Washington	n	MARYLAND	2. USUAL RESID	ence (Where d	leceased lived	. If institution b. COUNTY	Residence before Trank		on) /
	b CITY OR TOWN (If autside carparate RURAL and give nearest town)		GTH OF STAY IN 16	il .				RAL and give nee	arest town)
	Hagerstown		weeks		ralN	ercer	·sbur_	Pa.		
ኅ	d. NAME OF HOSPITAL (If not in hospital or institution Garlock	onv . Hon		d. STREET A	R.D.2	2				PARM?
	3 NAME OF DECEASED (Type or print) JA(First COB	Middle I.	CARBAU	GH 4.	DATE OF DEATH	Monti	7,1967	,	fear
	s sex 6. color or rac	CE 7. MARRIED []	NEVER MARRIED DIVORCED	B. DATE OF BIRTH	882	9. AC		Months Days		
	10a, USLAL OCCUPATION (Give kind of wo during most of warking life, even if reti FORMET	rad)	f BUSINESS OR IND		ACE (State or for PSprin	-		12 CITIZEN O		OUNTRY?
	13. FATHER'S NAME				MAIDEN NAME					
1	John W.Ca	arbaugh		Ma	ry Gre	er				
6	WAS DECEASED EVER IN U. S. ARMED IN WITH THE WORLD			informant Fred Car	baugh	l erce	Addre		R.#2	}
	1B. CAUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED B IMMEDIATE CAUSI Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	(b) (b)	Auf (steer a	echi.	Voren	la p		Les Les	
	PART II. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BE	JT NOT RELATED TO	THETERMINAL	DISEASE CON	IDITION GIVE	N IN PART 1(a)	PERFO	RMED?
		206. DESCRIBE HO	OW INJURY OCCUR	RED, (Enter nature o	f injury in Port t	ar Port H of	item 18)			
	20c TIME OF INJURY Month, Day, Hour o. m.	While No		PLACE OF INJURY (I		Of. (City or to	wn)	(County)		(Stote)
	21 1 certify that (I) (this haspi saw the deceased alive an 220 SIGNATURE		e deceased fram	/	13/2M.	fram the	-	1967, the date	stated	
1	22c PHYSICIAN'S NAME (Type) W. T.J.	1708		22d. ADDR		time	M		/	
	White at fall also		elsh Pun	OR CREMATORY Brothro			Sbur	county)	. #2	e)
	24 EMNERAL DIRECTOR'S SIGNATURE		DDRESS		250 REC'D BY			TRAR'S SIGNATU	RE	
	Ittl. Winger	Mei	cersburg	r.Pa.	DATE F	FRO	1007	2011-20	12.0	7

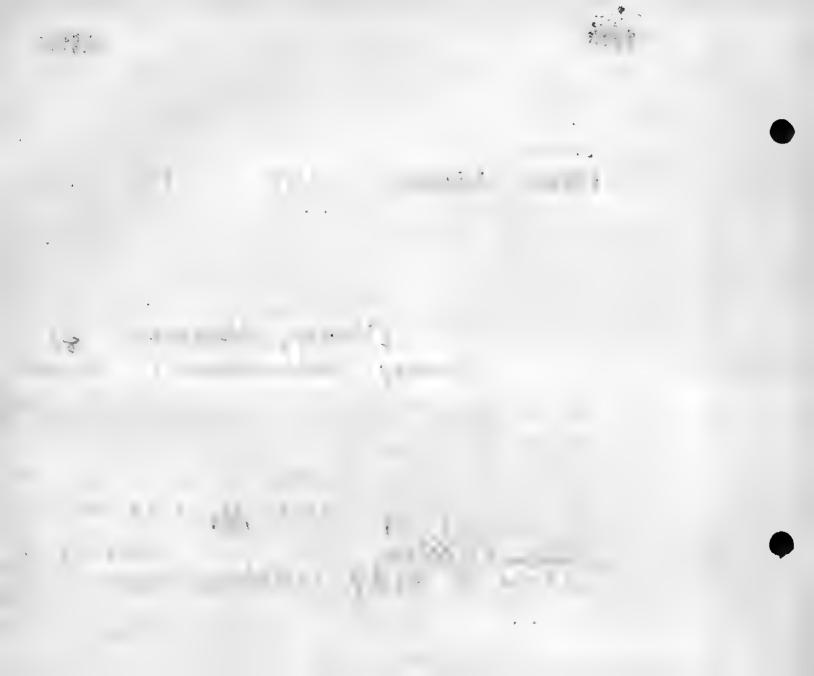
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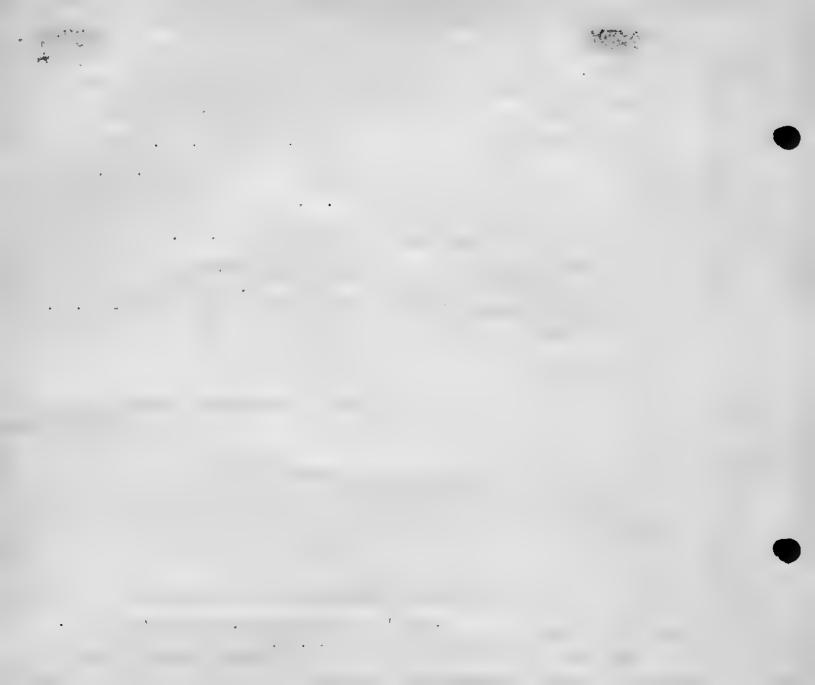
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02773 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH requires that the death certificate be executed within 24 hours after deat 6 COUNTY WASHINGTON o. COUNTY MARYLAND WASHINGTON MARYLAND this certificate has been signed by the attending physician and campletely filled in by the f Jetached far use as the burial-transit permit. Then please remave carban papers. Pages b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) HANCOCK MARYLAND 2 VRS. d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? RURAL 1 MD. STATE HOSPITAL WESTERN NO P YES carban NAME OF Middle 4. DATE Day Year DECEASED (Type or print) 196 DEATH IF UNOFR 1 YEAR IF UNDER 24 HRS 9. AGE (In years S SEX COLOR OR RACE **NEVER MARRIED** Months birthday) Dovs Haurs 6.5.1887 in any WIDOWED DIVORCED KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10a USJAŁ OCCUPATION (Give kind of work done 10b 1) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) pub COUNTY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal ANNIE E ROCKWELL JACOB CLAY 17 INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service 5 PATRIC HANCOCK MD INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO arteriosclerosis Conditions, if ony, which gave rise to immediate cause (a). DUE TO stating the underlying couse as the priar to last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health I CEPTIFICATION YES NO 20g ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH State Dept. af detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour a.m. factory, street, affice bldg., etc.) While Not While at wark TO FUNERAL DIRECTOR: After þ 21. I certify that (I) (this haspital) attended the deceased fram 1963 10 7 be retained shauld 196 , and that death occurred at 13554M, from causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING MED. DIRECTOR STAFF director, page 3 should be filed v 22d. ADORESS 22c PHYSICIAN O HOSPITAL Page 4 moy NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CR (County) (Stote) 23g BURIAL CREMATION PATRICKS 3.2.67 ALLEGANY COUNTY ADDRESS 250, RECD BY REGISTRAP 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



_	02774		TE OF DEATH	BALTIMORE 1, MARYLAND 02767
	CE OF DEATH		2. USUAL RESIDENCE (Where decess	ed lived, If institution: Residence before ad-
a. C	Washington	MARYLAND	*. STATE Maryland	b. COUNTY
Ь, С	ITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 1b		Washing to
i	write RURAL and give nearest fown) BOONESDOTO	17 months		
	TAME OF HOSPITAL OR INSTITUTION (if not		Yarrowsburg, I	Maryrand
	Reeder Nursing Ho			ON A
	ME OF First	Middle	RFD#2, Knoxville,	Md. 21758 YES N
DEC	CEASED . SARAH	Widdie	OF	
			QQ2.1.1	Feb. 27, 196
5. SEX	6. COLOR OR RACE 7. N	WANTED THE LEK WANTED	lesi	E (In years IF UNDER 1 YEAR IF UNDER 2 birthdey) Months Deys Hours
			eb. 8, 1885 82	2 уть.
done d	SUAL OCCUPATION (Give kind of work uring most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or foreig	
	Housewife	Own Home	Westminister, Mo	d. USA
13, FA	THER'S NAME		14. MOTHER'S MAIDEN NAME	* Make are
	Joshua Ohler		Sarah_Crouse	
	S DECEASED EVER IN U.S. ARMED FORCES?			gett Clipp
The state of	No None			
18.	CAUSE OF DEATH [Enter only one caus	te per line for (a), (b), and (c).	FD#2, Box 87UU, Mar	INTERVAL BETV
1	PART I. DEATH WAS CAUSED BY:	Poul wine	Land Joilun	ONSET AND DI
	IMMEDIATE CAUSE (=)			
	DUE TO	ante. Ile 1	to Einst The	Yes.
	nditions, if any, which (b)	- Charles	000	
	, stating the underlying DUE TO			
	(c)		OT RELATED TO THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(a) 19, WAS AL
GERTIFICATION BOX	PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT NO	I KEEN TED TO THE TERMINAL DISEASE CON	PERFOR
<u> 3</u>				YES
20a 20 OR	CONTRIBUTING [CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pert I or Pert II of i	item 18.)
	EITHER, NOTIFY MEDICAL EXAMINER			
WEDICAL 200	c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, farm, '2Df. (City or to	own) (County) (
鋻	p.m. 19	at work at work		
21.	I certify that (I) (this hospital)	attended the deceased from.	2-27- , 1967, 10	2-27-, 19. 17 that (1) (
	w the deceased alive on2 -		death occurred at 12,4M, from the	
l I —	. SIGNATURE			22b.
	To Meno W	car .		TAFF HYS. [7] 2-2)
220	PHYSICIAN'S		224 ADDRESS	2 - 1
	NAME (TYPE) JOSEPH SE	CONDARI	Brons Br	to Ma
	URIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 123d, LOCATIO	N (City, town or county) (Ste
230 81	Thirty Uncommittee, 200, Days Hiteley		_	
REM	OVAL (Specify)			
REM	Burial 3/2/67	St.Luke's E	piscopal Cem Bro	ownsville, Md.
REM		ADDRESS	piscopal Cem Bro 25s. REC'D BY REGISTRAR 1 DATE MAD 1	28b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ond 2 deoth. taw requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission.) Washington o. SIATE Maryland icon and completely filled in by the fur lease remave carbon papers. Pages 1 and in any event, within 72 hours after MARYLAND Washington b. CITY OR TOWN (If outside corporate imits, c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) c. LENGTH OF STAY IN 1b Days Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS Martin Manor Nursing Home 658 Virginia Ave YES NO TO NAME OF First Middle 4 DATE Lost Month Year DECEASED OF Feby FLORENCE VIRGINIA CONRAD 18 1967 (Type or pnnt) IF JNDER 24 HRS 6 COLOR OR RACE AGE (n years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 86 birthdoy) White Oct 12 1880 Female WIDOWED X DIVORCED 100 USJAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Home Funkstown Wash Co Md 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriol, cremation, or removol, Albert Wolf Clarinda Shilling 17 INFORMANT 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NOD (Yes, no, or unknown) (If yes give wor or dotes of service) 214-01-9805 Mrs Hazel S. Glesner 923 Armsttong Hagerstown Md. INTERVAL BETWEEN signed by the c buriol-transit p 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (6) Coronary Occlusion DUE TO Conditions if any, which gove Hypertensive Cardio Vascular Disease Several years rise to 'mmediate couse (a), **DUE TO** stoting the underlying couse has been last. 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ((a) NO Sc certificote 20p ACCIDENT WAS JNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (City or town) (Stote) Not While Hour o.m. foctory, street, office bldg , etc.) ot work of work 21. I certify that (I) (this haspital) attended the deceased from Dec. 1 ____, 1966_, ta_Feb. 18__, 1967, that (1) (we) last saw the deceased alive an Feb. 16. 19.67, and that death accurred at 9. A. M, from causes and an the date stated above. O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D DIRECTOR PHYS Feb. 20. 1957 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Washington St., Hagerstown, Md. 23d. LOCATION (City or Town) 230 BUR AL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY BUTTE Specify) Baltimore City Md. Western Cemetery Hagerstown Mdopress Coffman Hagerstown Md. 2Sb. REGISTRAR S SIGNATURE 24. FUNERAL DIRECTOR 25o. REC D BY REGISTRAR Ochania

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Rea. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission washingten Washington MARYLAND Maryland b CITY OR TOWN (f outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negres! town) Sandy Hook Sandy Hook Years d. NAME OF HOSPITAL (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Sandy Hook Sandy Hook, Maryland YES TO NO TO NAME OF DECEASED Middle Month Yeor Day DEATH February 1967 (Type or print) Chester Cooner 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 7 8 DATE OF BIRTH AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Mala White WIDOWED IX DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS QRANDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Virginia Fred. County Board U. S. A. Retirad 13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME (Unknown (Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 116. SOCIAL SECURITY NO. Address Raymond Copper Sandy Hook, Maryland 21h 10 3870 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary Edema davs IMMEDIATE CAUSE (o) DUE TO Congestive Heart Failure Conditions, if any, which] vears gave rise to immediate DUE TO couse (o), stoting the underlying couse lost, Pulmonary Emphysema vears PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPS) PERFORMED? YES NO 13 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour o m. Not while of work of work 1966 to Feb 17 19 67 that I last saw the deceased 21. I certify that I attended the deceased from Jan . 11and that death accurred at $9:10\,P_{\rm M}$, from the causes and an the date stated above. alive an Feb ADDRESS (Street, city or fown, stole) DATE SIGNED ACTUAL Gur Spring Hollow SIGNATURE PHYSICIAN'S M Brunswick, Maryland Byron Kao. M.D. NAME (Type) 220 BURIAL CREMATION 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial Rocky Springs Cemetery Nr. Frederick, Maryland 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE VS A15 (4) R. Etchison & Son, Frederick,

15M 10/57



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission \$ an an¶ completely filled in by the funeral base remave carban papers. Pages 1 and and in any event, within 72 haurs after deat PLACE OF DEATH Frederick o COUNTY Maryland **b** COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, E LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate timits, write RURAL and give nearest town) Thurmont mos. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RES DENCE ON A FARM? W. Main St. Western Md. State Hospital NO IX 3 NAME OF First 4 DATE Middle Last Manth Year DECEASED Edna (Type or print) DEATH 1967 SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED MEVER MARRIED A DATE OF BIRTH last birthday) Months WIDOWED X Dec, 16, 1878 DIVORCED 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) COUNTRY Home Maryland 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Flora Shafer Maurice Sheffer Address WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give war ar dates of service) Thurmont, Md. 218-50-3616 Crawford Ethel $N_{\mathbf{O}}$ INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause WAS AUTO PERFORME PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20a ACC DENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year Hour a m. 20d INJURY DCCURRED 20e PLACE OF INJURY (Hame, form (C'ty or town) (County) (State) Not While While factory, street, office bldg., etc.) at wark at work 21. I certify that (1) (this hospited) attended the deceased fram July 26 1966, to FEB.1 , 1962, that (1) (we) los director, page 3 should should be filed with the saw the deceased give on 726. 1. 1967, and that death accurred at 4105 M, from causes and on the date stated above 22b DAJE SIGNED 22a. SIGNATURE M.D DIRECTOR PHYS PHYS 22d. ADDRESS 22c. PHYSICIAN S NAME (Type NAME OF CEMETERY OR CREMATORY 230 BURIA, CREMATION Thurmont Blue Ridge Cemetery 2-11-67 250 REC'D BY REGISTRAR Raymond E. Creager 24. FUNERAL DIRECTOR Thurmont,



Divisign of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ase remave carban papers. Pages 1 and 2 nd in any event, within 72 hours after death. 24 hours after death and completely filled in by the funeral remave carban papers. Pages 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence bet 1. PLACE OF DEATH a. COUNTY b. COUNTY o. STATE Washington Maruland MARYLAND c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 30 yrs Hagerstown Magerstown e IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Washington County Hospital 417 Clarendon Ave NO X YES The law requires that the death certificate be executed within 3. NAME OF Middle Last 4. DATE Month Doy Year DECEASED Nellie Viola OF DEATH Cutshaw Jebruary 19 67 (Type or print) 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH AGE (n years IF UNDER 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Days Haurs White Temale WIDOWED January 7, 1912 DIVORCED 10a USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired)
Machine Operator Shoe Mfg. Indian Springs, (Id. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Abram W. Robinson Eva Mary Bowers Address Hagerstown, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. burial-transit permit. (Yes, no, or unknown) (If yes give war or dotes of service) Miss Rose D. Cutshaw 417 Claredon Ave. 220-10-3074 crematian. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BYarcinome signed by IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. DUE TO Gall blodder Conditions, if any, which gave rise to immediate couse (a). DUF TO stating the underlying cause as the priar to b **FUNERAL DIRECTOR:** After this certificate has been last. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use CERTIFICATION of Health YES NO 51 þ 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, (City or town) (Stote) TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) Hour o.m. Not While factory, street, office bldg , etc.) 19 at work of work 1966 to Fah 21 , 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ 14/4 1967, and that death accurred at 12 5 M, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR director, page 3 shauld be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) Hagerstown Washington Md. Rest Haven Cemetery 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Rest Haven Funeral Chapel Hagerstown Md. Ochanles Judo 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral set permit. Then please remaye carbon papers. Pages 1 and o. COUNTY o. STATE b. COUNTY Washington Maryland Washington papers. Pages 1 hin 72 hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest fown) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Hagerstown Hagerston years ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital give street address) Washington County Hospital 201 Reynolds Rd. YES NO T 3 NAME OF Middle 4 DATE please remaye carbon and in any event, wit Lost Month Dov Уест DECEASED Friedell February 19 19 19 67 William Alexander (Type or print) DEATH S SEX 6 COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED **NEVER MARRIED** birthdoy) Months Days Hours 1 - 2 - 17white WIDOWED male DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT INDUSTRY COUNTRY? during most of working life, even if retired) salesman ice cream mfg. Hagerstown, Md. 14. MOTHER'S MAIDEN NAME 13 FATHER S NAME ar removai, William J. Friedell Lottie Pulse 15. WAS DECEASED EVER IN U.S. ARMED FD RCES? 16. SDCIAL SECURITY ND 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) 719-07-6301 Mrs. Miriam Friedell Hagerstown, ves crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit p DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if only, which gove rise to immediate couse (a), DUE TO storing the underlying couse Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been to FUNERAL DIRECTOR: After this certificate has been to FUNERAL DIRECTOR. lost WAS AUTOPSY PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health p ND 200 ACCIDENT WAS UNDERLYING [205. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER Dept. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour o.m. **Not While** of work at work 1967, ta Feb 19, 1967, that (1) (we) last 2) I certify that (1) (this haspital) attended the deceased fram a an and that death accurred at 720PM, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 220. SIGNATUR ATTENDING PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S agers/ directar, po shauld be f NAME (Type) 230 BURIAL CREMATION 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) DRIME THE PRITY) 2-22-67 Cedar Lawn Mem. Hagerstown. Lawn Md. 2Sb. REGISTRAR'S SIGNATUR **ADDRESS** 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR enelly VR A15 (4) Minnich Funeral Home Hagerstons Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02780 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o COUNTY 6 COUNTY MARYLAND WASHINGTON MARYLAND r. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **b** CITY OR TOWN c LENGTH OF STAY IN 16 46 YRS. HAGERSTOWN d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) WASHINGTON COUNTY HOSPITAL 19 RED OAK DRIVE NO X 3 NAME OF First Middle DATE and in any exent, wit Lost Month DECEASED EVELYN FULTON LOUISE FEBRUARY 1967 (Type or pnnt) DEATH 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9 AGF (In years IF UNDER 1 YEAR IF JNDER 24 HRS NEVER MARRIED last b rthday) FEMALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) U.S.A. physician (nen pleose PUBLIC SCHOOLS PENNSYLVANIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remova JOHN FRANKLIN RODGERS LETLA JAMES 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address HAGERSYOWN (Yes, no, or unknown) (If yes give wor or dates of service) 220-18-3103 MR. JESSE J. FULTON JR. MD. cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (o) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or ottending physician. DHE TO ing (Left) Conditions, if only, which gove rise to immediate cause (a). DUE TO stating the underlying couse detoched far use as the e Dept. of Health prior to lost. PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY DIRECTOR: After this certificate has PERFORMED? NO P 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) 3 20c TIME OF IN. JRY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While at work 9 Nec- 1966 2). I certify that (1) (this haspital) attended the deceased from saw the deceased glive an 12 7 1967, and the 190 /, that (1) (we) last saw the deceased alive an_ Feb 1967, and that death accurred \$673 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR PHYS ADDRESS 22c PHYSICIAN S TO FUNERAL M.D. NAME (Type 23d LOCATION (City or Town) 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (County) REMOTAUPPETIA I REST HAVEN CEM. 2/26/67 HAGERSTOWN WASH. MD. **ADDRESS** 24. FUNERAL DIRECTOR 250. REC D. BY REGISTRAR REGISTRARY SIGNATUR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY WASHINGTON WASHINGTON MARYLAND Department after death. b. CITY DR TOWN (If outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH DF STAY IN 1b write RURAL and give nearest town) 1 MO. 3 DAYS HAGERSTOWN e d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours 118 E. FRANKLIN STREET WASHINGTON COUNTY HOSPITAL ND X and 3. NAME OF First Middle DATE Month Year DECEASED MARY 19 67 ELLEN GAR DNER (Type or print) DEATH FEBRUARY 2 with within 8. DATE OF BIRTH 6. COLOR OR RACE AGE (in years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED isst birthdey) Months | Days Hours JAN. 26.1880 FEMALE WHITE WIDOWED DIVORCED [event 1Da. USUAL OCCUPATION (Give kind of work done) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give COUNTRY? during most of working life, even if retired) INDUSTRY RETIRED UPHOLSTERER PENNSYLVANTA FURNITURE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM WEAVER CAROLINE STOCK 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. 832 HIBBARD AVES (Yes, no. or unknown) (If yes give war or dates of service) 218-24-1846A NO MRS. MARY B. MALKIEWICZ JACKSON. MICHIGAN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXAMINER: This certificate should be executed in certificate, writing the word "pending" in pould be forwarded to the Chief Medical Exampled 6 burial-transit PULMONARY EMBOLT Recent emation, DUE TO ARTERIOSCLEROTIC HEART DIBRASE Sev. years Conditions, if any, which (b) geve rise to immediate DUE TO cause (a), stating the FRACTURE, FUMUR, LEFT 60 ed as a burial, underlying couse lest. days WAS AUTOPSY 119. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? 28 YES T NO [2D#. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 1) of Item 18.) should ent, pri Fell in home 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 3 shoul agent, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Dec 30.m. AM While at work At work Hagerstown, Washington, Md. 19 66 Inspection , Inquiry (and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy DIRECTOR: Natural causes iv Accident . Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER your Page 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATURE for 5 DEPUTY MEDICAL EXAMINER T director. retained EDWARD W. DITTO, JR. M.D. 215 W. WASHINGTON STEWN HAGERSTOWN MD. 2/4/1967 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMDVAL (Specify) 23b. DATE THEREOF 101 of 2/6/1967 ST. FRANCIS XAVIER CEM. GETTYSBURG PENNSYLVANIA BURTAT. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Milarles VR ALSME (5) CHARLES N. ROUZER HAGERSTOWN. MARYLAND 1/65



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02782 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 apd PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b. COUNTY WASHINGTON d campletely filled in by the fur ginave carban papers. Pages 1 any event, within 72 hours after MARYLAND WASHINGTON MARYT.AND b. CITY OR TOWN (If autside carparate limits. c. LENGTH DE STAY IN 1b. CCITY DR TOWN (If autside corporate limits, write RURAL and give negrest town) write RURAL and give negres! town 2 YRS. HAGERSTOWN d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 1710 THE TERRACE WASHINGTON COUNTY HOSPITAL ND A YES 🔲 3 NAME OF Middle First 4 DATE Month Year DECEASED CHARLES WALLACE GESSER FEBRUARY 26 19 67 (Type or pnot) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last pirthday) Months Hours JAN. 12, 1886 WIDOWED IX MALE WHITE DIVDRCED 11 BIRTHPLACE (County & State, or foreign country) 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY'S . A. BLAIR CO., PENNA. R.R. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physburial-transit purmit. Then burial, crematian, ar remaval CORA (UNKNOWN GEORGE GESSER HAGERSTOWN Des MARYLAND 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no or unknown) (If yes give war or dates of service) 1710 THE TERRACE 716-10-4961 MR. RICHARD C. GESSER 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (p) The hufle by the haspital ar attending physician. DHE TO Conditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the priar to t certificate has been WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? of Health NO 20a ACCIDENT WAS UNDERLYING □ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED (County) (State) Hour a.m. factory, street, office bldg., etc.) Nat While at work of work TO FUNERAL DIRECTOR: After 1965 to 21. I certify that (1) (this hospital) attended the deceased from 196 , that (I) (we) last O HOSPITAL OR ATTEND Page 4 may be retained director, page 3 shauld shauld be filed with the 6. 19.657, and that death accurred at 11700 M, fram causes and an the date stated above. saw the deceased alive an 22o. SIGNATURE STAFF PHYS. PHYS DIRECTOR 22c PHYSICIAN'S HOWARD N. WEEKS M.D. NORTHERN AVE. HAGERSTOWN. MD. NAME (Type) 23a. BURIAL (REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) ALTOONA. PENNSYLVANIA PRIMAYAP (Specify) 2/26/1967 ROSE HILL CEMETERY 2Sb REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 25g, REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Misselly 1967 CHARLES M. ROUZER HAGERSTOWN, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02783 CERTIFICATE OF DEATH impletely filled in by the funeral ve carban papers. Pages 1 and 2 event, within 72 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) requires that the death certificate be executed within 24 haurs after deat Washington o. STATE b COUNTY Maryland Washington

C CITY OR TOWN (If ourside corporate 1 m/s, write RURAL and give nearest town) MARYLAND b CITY OR TOWN (If outside corporate limits, F LENGTH OF STAY IN TH Hagerstown R # 20 Years Hagerstown R # d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS B IS RESIDENCE ON A FARM? Cearfoss Cearfoss YES NOW Y and campletely fill 3. NAME OF Middle 4. DATE Lost Month Dov Year **DECEASED** WILLIAM RUSSELL. GLADHILL Sr DEATH Feby 20 1967 (Type or print) S SEX IF UNDER I YEAR I IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED T 8. DATE OF BIRTH 9 AGE (In years NEVER MARRIED Jost birthdoy) White WIDOWED DIVORCED Dec 14 1903 Male 10o USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & Stote, or foreign country)M. 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT attending physician a permit. Then please during most of warking life, even if retired) **INDUSTRY** OUNTRY? Grocery Store Sabillasville Fred. Co Merchant 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval, Henry Gladhill Rachael wantz 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes give wor or dotes of service) 05-10-6808 Mrs Leota I. Gladhill Hagerstown ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I. DEATH WAS CAUSED BY. Cearfoss Acute Myocarasha 1-48 Mester IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspitol ar attending physician. DUE TO A RYGRIOSILEROTIO GORDHMY ARKELY DIEENSE Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? Maurys 2575 MAIL NO J fa 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item #8). 20o ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c T ME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF IN. JRY (Home, form, (City or town) (County) While Not While of work foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram 26 SERT , 1964, ta 20 FEB, 1967, that (1) (we) last saw the deceased alive on 15 FEB 1961, and that death occurred at 5 PM, from causes and on the date stated above. 22o. - SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) . FEHDER 218 N. Poromie ST HAG SISTOMAN 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) REMOVAL (Specify) 2/23/67 Rest Hagerstown Md & DDRESS Rest Haven Cemetery Hagerstown Wash Co 25b. REGISTRAR'S SIGNATI 24. FUNERAL DIRECTOR 250. REC D BY REGISTRAR VR A15 (4) 25M 1/67 Andrew K. Coffman Funeral Home Inc DAFEB 24



		MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201				
	_ '		DIVISION OF STATISFICAL RE	CERTIFICATE		LAND 21201
	= ~ N #8			CERTIFICATE		02777
2-	tead era	1.	PLACE OF DEATH o. COUNTY		2 USUAL RESIDENCE (Where deceosed lived, if institution STATE b. COU	NTY
	المقرية وا	L	Washington	MARYLAND	Marvland	Washington
	the ages		b CITY OR TOWN (If autside carporate imits, write RURAL and give nearest tawn)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (if outside corparate limits, write RU	IRAL and give neorest town)
	ours after death. by the funeral Pages V and 2 hours after deagh.		Hagerstown Md a NAME OF HOSPITAL OR INSTITUTION (If not in hospital	4 Days	Clear Spring, Md.	. / / PERFECTIVE
	d in d in Spers	2 L				e IS RESIDENCE ON A FARM?
	PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death in hospital or ottending physician his certificate has been signed by the ottending physician and completely filled in by the funeral etached for use as the buriol-transit permit. The process remove carbon papers Pages P and Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	/ <u> </u>	Washington Co. Hospi		Reute 2	YES NO T
	ely bon writ	3	NAME OF First DECEASED	Middle	Lost 4. DATE Mon	
	ed cor	-	(Type or print) Charles SEX 6 COLOR OR RACE 7 MARRI		Thouse DEATH Feb.	2 19 67
	ecut com ove y ev	ľ			Sept. 7.1899 67 yrs	Manths Days Hours Min,
	no rem	31		KIND OF BUSINESS OR	11 BIRTHPLACE (County & State, ar foreign country)	32. CITIZEN OF WHAT
	be be	dı	ring most of working life, even if retired)	INDUSTRY		COUNTRY?
	o Jac	h	Retired Baker FATHER'S NAME	Bakery	Weston W. Va. 14. MOTHER'S MAIDEN NAME	U.S.A.
	E 8 8		Sherman Greathous		Bland	
	re me	1	WAS DECEASED EYER IN U.S. ARMED FORCES? es, na, ar unknawn) ((If yes give war ar dates of service)	16 SOCIAŁ SECURITY NO 17, II	NFORMANT Addr	ess Md.
	deat tend mit.	(es, na, ar unknawn) (If yes give war ar dates at service)	362-05-8452 Mr	rs Carrie Greathouse,	
	he of per	F	18 CAUSE OF DEATH (Enter only one cause per line PART I DEATH WAS CAUSED BY	far (o), (b), and (c).)		* INTERVAL BETWEEN
	of the nsit		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	reute pre	lorriary sileur	ONSET AND DEATH
	physician signed by the ottending buriol-transit permit. The buriol-transit permit. The buriol, cremation, or remo		YOU C' DUE TO			7 . 11 4
	urre gne urro urro		Conditions, if only, which gove (b) (b) nise to immediate couse (c),	Congraline	heart gardine	294
	red o bi		stoting the underlying cause	astermelint	i heart derence	5-120
	The low requires the offending physician hos been signed by se as the buriol-troit prior to buriol, cre		last) (c)	Copie		19 WAS AUTOPSY
	The offer of the hos hos hor	2 3	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	secondary to	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	PERFORMED?
	or of a country or	/ [8	20d ACCIDENT WAS UNDERLYING 20b		(Enter nature of injury in Part I or Port II of item 18.)	YES NO
	d fer of H	CEPTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW HOURT OCCURATO.	center nations of inforty in Post 1 of Post II of Item 10.)	
	HYS hos sche sche			INJURY OCCURRED 20e PLAC	CE OF INJURY (Hame, farm, 20f. (City or town)	(County) (Stote)
	the this detection of the Detection of t	MEDICAL	Haur o.m. W	hile Not While facto	pry, street, office bldg , etc.)	
	State State		21 1 certify that (I) (this hospital) at	ended the deceased from	June, 1966, to tel	<u> と, 19 년</u> , that (I) (we) lost
	ned ned the cold		sow the deceased alive on till	2 1967, and that	death occurred at 7 2 A.M., from causes	ond on the date stated above.
	E e e e e e e e e e e e e e e e e e e e		220 SIGNATURE	- 1	ATTENDING MED. STAFF	22b. DATE SIGNED
	OR be red v		Hurold K. I hele	M.C	D. PHYS DIRECTOR PHYS L 22d ADDRESS	<u> </u>
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 should be detached for use as the buriol-transit permit. The process remove carbon gapers Pages I should be filled with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the should be filled with the State Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after the state Dept of Health prior to buriol.		22c PHYSICIAN'S NAME (Type) HAROLD R. TRIT	cH, JR.	HAGCKSTOWN,	Md
	UNE UNE ould	2	BURIAL, CREMATION, 23b. DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or To	own) (County) (State)
	Pog Page Spire		Burial, CREMATION, REMOVAL (Specify) Burial 2/11/67	Resedale (Cemetery Martinshi	rg W.Va
	VR A15 (4)		4 FUNERAL DIRECTOR		250. REC'D BY REGISTRAR 25b. R	EGISTRAR'S SIGNATURE
	20 M 1/66	1	Margaret Kewland, C1	ear Spring, M	d. DATE FEB 6 1967	Clayer, Order



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02785 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. death 1. PLACE OF DEATH ond completely filled in by the funerol remove texton popers. Pages I and in oply event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o COUNTY Washington b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 1 Day Rural Keedvsville Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? Washington County Hospital Rfd. 1 YES NOX remove tachon in only event, with NAME OF Middle 4 DATE Month Doy Year DECEASED Wilbur Milton February 67 Gramm (Type or print) DEATH 19 S SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. last birthdoy) Months Hours signed by the ottending physicion and co burial-trans# permit. Then please rema burial, cremation, ar removal, and in opfy WIDOWED DIVORCED □ March 24. 1902 Male White 10o USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Carpenter COUNTRY? INDUSTRY Construction Trego, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Etta Huntzberry Harmon Grimm IS. WAS DECEASED EVER IN L. S. ARMED FORCES?
(Yes, no or unknown) (Iff yes give war or dates of service) 16 SOCIAL SECURITY NO 17 INFORMANT Address 212-03-4669 Mrs. Edna .M. Grimm, Keedysville Rfd. 1 Md No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been be detached for use os the State Dept. of Health prior to lost. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(6) astric ulien -YES NO F 200 ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury to Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (State) 20c TIME OF IN, JRY Month, Doy, Year (County) Q Hour to m. Not While factory, street, office bldg., etc.) of work of work 1950 10 2.13 12.26 1967, that (I) (we) lost 21. I certify that (I) (this haspital) attended the deceased from be retoined sow the deceased alive on 2. 12 -1967, and that death occurred at 115 p. M. from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED DIRECTOR 2-13-1967 director, page 3 should be filed v M.D. PHYS 22d. ADDRESS 22c PHYSICIAN'S SECONDARI BOONSBORD NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23b DATE THEREOF 23d LOCAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Burial Rohrersville Cemetery ROILL 2- 16- 67 Rohrersville. Md. 24. FUNERAL DIRECTOR traveley VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro, Md



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02786 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deat 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH b COUNTY Washington o. COUNWashington a STATE Marvland MARYLAND b. CITY OR TOWN (If outside carparate limits, write RJRAL and give nearest town) signed by the attending physician and campletely filled in by the burial-transit permit. Then place remave carbon papers. Pages e carban papers. Pages vegt‱within 72 hours aft c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) years Hagerstown d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Washington County Hospital 1039 Security Rd. YES NO Middle 3 NAME OF Earst Lost 4 DATE Manth Year Dov DECEASED Effie Harper 1967 **Blanche** February 13 (Type or print) DEATH 5 SEX 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED birthday) Manths Days Hours May 21, 1896 female white WIDOWED DIVORCED burial, cremation, ar remayal, and in any 11 BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Too USUAL OCCUPATION (Give kind of work done KIND OF BUSINESS OR during most of working life, even if retired) COUNTRY? Curwensville, Pa. 13 FATHER'S NAME 14. MOTHER 5 MAIDEN NAME George Jones Josephine Egolf 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, ar unknown) [(If yes give wor or dotes of service) 214-09-5682 Charles L. Harper Hagerstown. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) physician. DUE TO Conditions, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been 3 shauld be detached far use as the with the State Dept. af Health priar to WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO 🔀 20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or fown) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour o.m. While Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased fram. and that death occurred at 11:30PM, from couses and an the date stated above saw the deceased alive on, 22b. DATE SIGNED 22a, SIGNATURE **ATTENDING** DIRECTOR director, page shauld be filed 22d. ADDRESS 22c PHYSICIAN'S GC NAME (Type) 23o. BURIAL CREMATION 23b. DATE THEREOU 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) burial 2-17-67 Cedar Lawn Mem Park Hagerstown. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Minnich Funeral Home Hagerstown. Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02787 CERTIFICATE OF DEATH PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) Washington "Maryland Washington MARYLAND b CITY OR TOWN (If outside carporate limits, write RURAL and give necrest town) c. CITY OR TOWN (IF autside corporate limits, write RURAL and give nearest town) ¢ LENGTH OF STAY IN 16 11 Mos Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Gateway Conv. Home 27 High St NOXIX 3 NAME OF 4. DATE East Month Year DECEASED CORA ALICE HENRY Febv 18 1967 (Type or pant) DEATH 6 COLOR OR RACE 1F JADER 24 HRS 7 MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED Jost birthdoy) Female Months Hours WIDOWED IN Sept 28 1888 DIVORCED 100 USUAL OCCUPATION (Gree kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT WWN Home COUNTRY? Luray Page Co Va. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Jemima Knight Charles Knight 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. Address (Yes, no or unknown) (If yes give wor ar dotes of service 29-03-8662 Charles R. Henry 122 Elm St Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY. CEREBRO VASCULAR ZIZOB NEGSYNI IMMEDIATE CAUSE (o) by the hospital or ottending physician. DUE TO C- BREBRYC Canditions, if any, which gave Jan 1 2.750.055L56666 rise to immediate cause (a). DUE TO stating the underlying cause 100 m ARTEMIOSCUEMOSIS CHEMENINGIZED WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO -F 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur To.m. foctory, street, office bldg., etc.) Not While of work ATTEMBING ot work 21. I certify that (1) (this haspital) attended the deceased from 20 M man. 1966, to 18 Fig. . 19607, that (I) (we) last be retained saw the deceased alive on 18 FCs 1967, and that death accurred at 72/2 M, fram causes and on the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS ZOTEB. M.D. 22d. ADDRESS Page 4 may 22c PHYSICIAN S 218 N. Ponmuse ST NAME (Type) 23a. BUR AL, (REMATION BREMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Luray Page Co Evergreen Cemeterv Hagerstown Md. ADDRESS Coffman Funeral Home Inc 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02788 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Resid PLACE OF DEATH o COUNTY o STATE b COUNTY WASHINGTON MARYLAND WASHINGTON MARYLAND c. LENGTH OF STAY IN 1b c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, YRS. HAGERSTOWN d STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 238 SUMMIT AVE. SUMMIT AVE. NAME OF Middle 4 DATE First ilost DECEASED HERSHBERGER FATH FEBRUARY REBECCA HARR TET (Type or print) OATE OF BIRTH 9 AGE (In years 6 COLOR OR RACE 7. MARRIEO NEVER MARRIED birthday) Days Hours Min. 9/7/1880 WHITE WIOOWED OIVORCED FEMALE 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT LOo. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)
HOUSEWIFE signed by the ottending physicion burial-transit permit. Then please burial, cremation, or removal, and i PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME SARAH R. TOSTEN JEREMIAH HORNBAKER 17. INFORMANT Address HAGERSTOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) MR. PAUL F. HERSHBERGER MD. NONE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. OEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Pulmonary edema INTERVAL BETWEEN 1 OFF DATE PEATH OUE TO (b) Arteriosclerotic heart disease with Indefinite Conditions, if any, which gave rise to immediate cause (a). DUE TO Congestive failure stating the underlying couse 19. WAS AUTOPSY PERFORMEO? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NŌ 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part II of Item 18) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City or lawn) (State) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (County) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) at work 21. I certify that (I) (this haspital) attended the deceased from Feb. saw the deceased alive an Feb. 24 1967, and that death 1907, that 41 (we) last 1967, and that death accurred at M, from causes and an the date stated above 22b DATE SIGNED 22o. SIGNATURE MED. DIRECTOR STAFF PHYS. M.D. 22d. ADDRESS 148 West Washington Street 22c. PHYSICIAN S Hagerstown, Maryland NAME (Type) . Kneisley. M.D. director, should be 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, BUTTA TReenty MD. 2/27/67 ROSE HILL CEM. HAGERSTOWN WASH. 2Sq. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FEB 28

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02789 funeral after death deat 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before application) a. CDUNTY a. STATE b. COUNTY Washington Maryland Washington MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH DF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) hours Williamsport Williamsport yr. mo. d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE filled d. STREET ADDRESS oon papers within 72 l DN A FARM? 154 N Artizan Street Artizan Street ND A N completely i 3. NAME OF DATE Middle Last 4. Month Day DECEASED (Type or print) DEATH Feb Charles 19 67 Rodnev Higman 6. CDLOR OR RACE , 7. MARRIED X AGE (In years | IFUNDER 1 YEAR IFUNDER 24 HRS 5. SEX DATE OF BIRTH 9. NEVER MARRIED last birthday) Months Hours Male White WIDOWED [DIVORCED Dec. 16 1906 10b, KIND DF BUSINESS DR 12. CITIZEN DF WHAT E 10a. USUAL DCCUPATION (Give kind of work done) 11. BIRTHPLACE (County & State, or foreign country) death certificate be during most of working life, even if retired) Ret'd Civil Service Hagerstown. Md . Spray Painter

3. FATHER'S NAME 14. MDTHER'S MAIDEN NAME George William Higman Nannie Victoria Knode 17. INFORMANT signed by the attend rial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. Address Artizan St. (Yes, no, or unkown) [(If yes give war or dates of service) Yes Co. B 214-09-1587 Williamsport Md. Maxine Higman CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN DNSET AND DEATH PART I, DEATH WAS CAUSED BY: hospital or attending physician. IMMEDIATE CAUSE (a) 4261 been se buria DUE TO Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate his thed for use a t, of Health p PERFORMED? YES -ND [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY DCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20e. PLACE DF INJURY (Home, farm, factory, street, offisebildg., etc.) 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DECURRED Hour a.m. Not While After Id be p.m. at work 21. I certify that (II) this hospital) attended the deceased from 2-3 retained DIRECTOR: age 3 should iled with the and that death occurred at 530 M, from the causes and on the date stated above. saw the deceased alive on Merce V 19 22b. DATE SIGNED MED. DIRECTOR PHYS. Page 4 may may 2 PHYSICIANUS NAME (Type) ADDRESS FUNERAL 22d. director, p LDCATION (City, town or county) (State) BURIAL, CREMATION, 23b, DATE THEREOF NAME OF CEMETERY OR CREMATORY REMDYAL (Specify) /8 6 Burial Great Cacapon 24. FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) Leaf Williamsport, Md. DATE

20M 1/65

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02790 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death funeral s 1 and 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before odmission) PLACE OF DEATH o. cowyashington a STATE b. COUNTY Maryland Washington MARYLAND campletely filled in by the fi lave carban papers. Pages v event, within 72 hours afte b CITY OR TOWN (If outside corporate limits t. LENGTH OF STAY IN 16 c CITY OR TOWN (If autside corparate limits, write RURAL and give nearest fown) write RURAL and give necrest town) Weeks Funkstown IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS event, within 72 19 Poplar St Garlock Memorial Home NO X Middle 4. DATE NAME OF First Manth Day Year DECEASED CHARLES EDMOND HOFFMAN Febv 1967 (Type or pant) DEATH IF HINDER 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** emave birthday) Months Haurs Male White Nov 13 1879 WIDOWED IXIX DIVORCED pu 11 BIRTHPLACE (County & State, as fareign country) 12. CIT ZEN OF WHAT 106 KIND OF BUSINESS OR 10a USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working lite, even if retired)
Stock Clerk Retired Lena Wash Co Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaya Martin L. Hoffman Senora Dick 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no ar unknown) (If yes give war ar dates af service) Mrs Louise Wagaman Cascade Md. 214-10-4271 signed by the atter burial-transit perm burial, cremation, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per Lae. for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) V DUE TO was sunter I sun & Conditions, if any, which gave rise to immediate cause (a), DUE-TO stating the underlying cause by the haspital or attending as the priar tal has been ATTENDING PHYSICIAN: The law last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? TO FUNERAL DIRECTOR: After this certificate hadirector, page 3 shauld be detached for use shauld be filed with the State Dept of Health NO 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 2Dd INJURY OCCURRED 20e P. ACF OF INJURY (Home, form (City or town) (County) (Stote) 20c TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Hour 'a.m. Not While at wark 21 I certify that (1) (this hospital) attended the deceased from. april 5 1966, to Jeh 1967 that (!) (we) lost be retained and that death occurred at 130 AM, from causes and on the date stated above. sow the deceased alive on. 22a, SIGNATURE 22b. DATE SIGNED 2-15-6 M.D PHYS 22d ADDRESS 22c. PHYSICIAN'S FUNKSTOWN VOVE MSTEIN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 23a BUR AL, CREMATION, DATE THEREO BUTI STINITY) .6/67 Rest Haven Cemetery Hagerstown Wash Co Md. Hagerstown Md. ADDRESS K. Coffman Funeral 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Home Inc VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02791 death restificate be executed within 24 hours after death ompletely filled in by the funeral ve carban papers. Pages I and event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Washington o. STATE b. COUNTY MARYLAND Maryland Washington b CITY DR TDWN (If outside corporate limits. c. LENGTH DE STAY IN 15 c. CITY DR TDWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown 2 Weeks Rural Boonsboro d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS ON A FARM? Washington County Hospital Rfd. 2 NO X YES NAME OF Middle 4. DATE Month Year Lost Day and completely DECEASED Mae Elizabeth House February 2, 67 (Type or print) DEATH 19 S. SEX FUNDER 1 YEAR 6 CDIOR OR RACE B DATE OF BIRTH 9 AGE (In years IF UNDER 24 HRS 7 MARRIED K NEVER MARRIED remaye tast birthday) Months Days Hours and in any Female White WIDOWED DIVORCED July 3, 1895 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) Own Home during most of working (te, even if retired)
Housewife ease COUNTRY? physician U. S. A. Frederick Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaya William W. Beachley Anna Mary Cronise WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address requires that the death (Yes, na, ar unknawn) ((If yes give war ar dates af service) the attent None Mr. Harvey J. House, Boonsboro Rfd 2. Md crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (q), (b), and (x)) signed by the burial-transit purial-transit purial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove lam. rise to ammediate couse (a). DUE TO stating the underlying couse priar ta l O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II, DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) wellitie NO ţ 20o. ACCIDENT WAS UNDERLYING [205. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) be retained by the haspital be detached for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM.NER) 20e. PLACE OF INJURY (Home, form, 20d INJURY DECURRED (City or town) (County) (State) 20c TIME DF INJURY Month, Day, Year While at wark Ot While Hour o.m. factory, street, office bldg .etc.) 21. I certify that (1) (this hospital) attended the deceosed from Sure 19 60. to De truer 2-19 67. that (1) (we) last between 2 1967, and that death occurred at 31°PM, from couses ond an the date stoted obove. sow the deceased alive on 22b. DATE SIGNED 22o. SIGNATURE couran 2-3 M.D DIRECTOR PHYS. 22d ADDRESS 22c PHYSICIAN'S O HOSPITAL BOONSBORO SECONDARI director, po should be f 23d. LOCATION (City or Town) 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY (Stote 230 BURIAL, CREMATION, (County) REMOVAL (Spacify) 2- 5- 67 Boonsboro. Md. Boonsboro Cemetery 2Sb REGISTRAR'S SIGNATURE 25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR Minley VR A15 (4) FEB 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md.



B. Land ...

//->]		RCH AND RECORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201		
A. (38)	02793	CERTIFICATE OF DEATH	02786		
haurs after death by the funeral s. Pages 1 and s. hours after death	1. PLACE OF BEATH 2. COUNTY Washington 3. CITY OR YOWN (fourside corporate limits, write RURAL and give nearest town) RUPAL BOONSDOPO 1. PLACE OF BEATH 2. COUNTY OF BEATH 3. COUNTY OF BEATH 4. COUNTY O	o. STATE Maryland Maryland	osed lived, if institution: Residence before admission) b. COUNTY Washington rate limits, write RURAL and give nearest tawn)		
n 24 hau	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi		e is residence on a farm? YES \(\sqrt{\text{NO}}\) NO \(\sqrt{\text{S}}\)		
cecuted within 24 haurs after campletely filled in by the ful aver carbon papers. Pages 1 y event, within 72 hours after	3 NAME OF First DECEASED (Type or print) S SEX 6. COLOR OR RACE 7. MARRIED (Middle Lost 4 DATE OF OF DEATH X NEVER MARRIED 8 DATE OF BIRTH	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS		
ie be exection and car ase remarvind in any e	during most of working life, even if retired) IND	DIVORCED Sept. 23, 1905 DOF BUSINESS OR USTRY Petroleum Mapleville, M	COUNTRY?		
h certifical ing physic Then ple remaval, a	13. FATHER'S NAME Charles Huffer IS WAS DEFEASED EVED IN ITS ADMEDITED TO THE STATE OF THE STA	14. MOTHER'S MAIDEN NAME Lara Neikirk OCIAL SECURITY NO 17. INFORMANT			
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campleTeity filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and shauld be filed with the State Dept. af Health prior ta burial, crematian, ar remayal, and in any event, within 72 hours after death and the state Dept.	Conditions, if ony, which gave noted to the service of the servi				
CIAN: The lo	200. ACCIDENT WAS UNDERLYING 1 20b DES OR CONTRIBUTING 1 CAUSE OF DEATH	D DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV CRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Po	YES NO		
DING PHYS d by the has After this cel be detache State Dept.	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. 19 While at work 21. I certify that (I) (this haspita); attended.	led the deceased from the 1966	ta \(\frac{1}{2} \) \(\text{IV} \), 1967, that (I) (we) last		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, creating.	saw the deceased alive and 19-12 220 SIGNATURE 22c. PHYSICIAN'S RAME (Type) G-WLE	196), and that death accurred at 11. ATENDING PHYS. Van 22d. ADDRESS 350	M, fram causes and an the date stated abave. STAFF 22b DATE SIGNED PHYS.		
TO HOSS	230. BURIAL (REMATION, REMOVAL (Specify) BURIAL 1 23b DATE THEREOF 2- 15- 67 24. FUNERAL DIRECTOR John H. Bast, Jr. 112 N. Ma	Manor Cemetery Ti	1 Shmanton 1'd Trans 25b REGISTRAR'S SIGNATURE 1967 ACUARLES Judge		

LIN CRATE DEDADTILEM DE ME

15,1 3

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02794 CERTIFICATE OF DEATH death executed within 24 hours after death completely filled in by the funeral 2 USUAL RESIDENCE (Where deceased lived, if institution Res dence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Cumbethal event, within 72 hours after MARY! AND CITY OR TOWN (If autside carparate limits, c LENGTH DE STAY IN 15 autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest town) Chanics mo ams d NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) IS RESIDENCE d STREET ADDRESS Homewood Church Home YES NO E 3 NAME OF DECEASED (Type or print) Middle DATE Manth Year First Lost Day OF nes 1961 DEATH IF UNDER 1 YEAR IF JNDER 24 HRS S SEX 6 COLOR OR RACE 7 MARRIEO NEVER MARRIED AGE (In years lost birthdoy) WIDDWED DIVORCED 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done 10b KINO OF BUSINESS OR requires that the death certificate be COUNTRY? Keform during most of working life, even if retired) end an 13. FATHER S NAME signed by the attending physi burial-transit permit. Then pl burial, cremation, or remaval, Address 2750 Va Aug 16 SDCIAL SECURITY ND 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service Williams Port 18 CAUSE OF DEATH (Enter only one cause per line for PART 1, OEATH WAS CAUSED BY (b), and (c).) ONSET AND DEATH IMMEDIATE CAUSE (6) 4201 DUE TO Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause lost. WAS ALTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO YES Poge 4 may be retained by the hospital or 200 ACCIDENT WAS JNOERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c HME OF INJURY Month, Ooy, Year Hour o.m. 20d INJURY OCCURRED factory, street, office bldg, etc.) Not While O HOSPITAL OR ATTENDING of work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram Queq 14 1965 to Tee 1-20, 1867, that (1) (we) last director, page 3 should should be filed with the 1967, and that death accurred at 12.45 PM, from causes and an the date stated above. saw the deceased alive an 22b. DATE SIGNED 220 SIGNATURE STAFF PHYS ATTENDING -70-67 DIRECTOR M.O. PHYS 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) 077799 23a BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY DR CREMATORY Dauphin Co Millersburg Davids U.C.C.Cemetery 256 REGISTRAR'S SIGNATUR MC ADDRESS 24. FUNERAL DIRECTOR Ochower VR A15 (4) 25M 1/67 Coffman Funer-lHome Inc 1987

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02797 CERTIFICATE OF DEATH deoth. be exec≡ted within 24 h≡urs after deoth ond ond campletely filled in by the funeral remove carbon papers. Pages Fond in ony event, within 72 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland a. COUNTY b. COUNTY Washington Washington MARYLAND c CITY OR TOWN (If gutside carparate limits, write RURAL and give nearest town) b CITY OR TOWN (If autside carparate limits, c LENGTH OF STAY IN 16 WITTIAMS DOLL 23 vears Hagerstown d STREET ADDRESS d NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street address) e IS RESIDENCE ON A FARM? Williamsport Sanitarium 544 Guilford Ave. YES NO [NAME OF First iddle 4 DATE Month please remove carban Last Doy Year DECEASED Cora Page Jones February 2 67 19 (Type or print) DEATH 9. AGE (In years 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED birthday Months Doys Hours female white May 13, 1883 WIDOWED X DIVORCED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12 CIT ZEN OF WHAT 10a, USUA, OCCUPAT ON (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY? physician Williamsport, Md. home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal. signed by the ottending phy buriol-transit permit. Then George Crowe Eugenia Wolfe remures that the leath cert 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no, grunknown) (If yes give wor or dates of service) 20 Lerov Jones Hagerstown, Md. burial, cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET, AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying cause by the hospital or ottending os the prior to this certificate has been last. WAS ALTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health 1 NO 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) ö detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While at wark L 21. I certify that (1) (this-hospital) attended the deceased fram. 19.57. ta FRh 7-1967, that (1) (we) last be retained and that death occurred at 2:30 M, from causes and on the date stated above. O FUNERAL DIRECTOR: saw the deceased alive on_ 22b. DATE SIGNED 22a. SIGNATURE ATTENDING STAFF DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) director, should be 236 DATE THEREOI 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 230 BURIAL, CREMATION bur (Specify) 24/67 Greenlawn Cemetery William sport 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS VR A15 (4) 1967 Minnich Funeral Home Hagersown, Md. 20 M 1/66 DATE



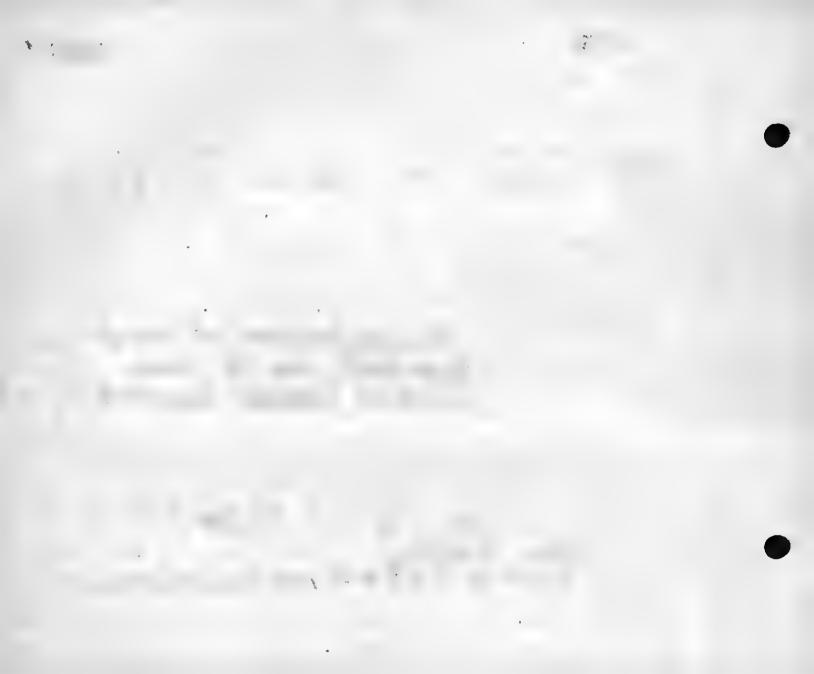
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 should be detached for use as the burnal-transit permit. The programment carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burnal, cremation, or removal, and in any event, within 72 hours after death 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

	02798	CERTIFICATE	OF DEATH	02791		
	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased	ived, if institution Residence before admission)		
	· COUNTY Washington	MARYLAND	o. STATE Maryland b. COUNTY Allegany			
_	b. CITY OR TOWN (If outside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
write RURAL ond give neorest town) Hagerstown 4 months			Cumberland			
-	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET ADDRESS	e IS RESIDENCE		
	Western Maryland State	Hospital	633 Mary]	and Ave. YES NO K		
	NAME OF DECEASED (Type or print) U2552 Tess	ie A M. Ka	baugh 4. DATE OF DEATH	Month Doy Year 7 1967		
5	SEX 6. COLOR OR RACE 7 MARRIED		1/	GE (In years IFUNDER I YEAR IF UNDER 24 HRS ost birthdoy) Months Days Hours Min.		
F	emale White WIDOWED	DIVORCED .	Jan. 12, 1885 82	est birthdoy) Months Doys Hours Min.		
10o duri	no most of working life, even if retired)	ND OF BUSINESS OR DUSTRY WID home	11. BIRTHPLACE (County & Stote, or foreign Elk Garden, W.	COUNTRY?		
	FATHER S NAME	WI HOME	14 MOTHER'S MAIDEN NAME	USA USA		
	Alexander Donnell	y	Catherine Ba	rnhill		
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s, ng, or unknown) (If yes give wor or dates of service)	SOCIAL SECURITY NO 17 II	FORMANT	Address Sister		
(a a	n o	Mr	s. Catherine B. 3	ones, Cumberland, Md.		
	18. CAUSE OF DEATH (Enter only one couse per line for PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchop	neumonia, rt	lower 16 ONSET AND DEATH		
	Conditions, if ony, which gove hise to immediate cause (o),	postatus	, due to c	oma 5mon		
MEDICAL CERTIFICATION	stoting the underlying couse (c)	erebral i	rasoular ac	cident 5mon		
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO		
	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11	of item 18.)		
MEDICA	20¢ FiME OF INJURY Month, Doy, Yeor Hour om. While p.m. 19 of work	Not While forto	E OF INJURY (Home, form, 20f (C rry, street, office bldg , etc.)	(Stote) (County) (Stote)		
	2) I certify that (I) (this haspital) attends sow the deceased alive on	ded the deceased from	12 - 9 -, 1966 to deoth occurred of 2:17 HM, for	om causes and on the date stated above		
	220 SIGNATURE Column & K	ley MD		STAFF PHYS P 22b. DATE SIGNED		
	PHYSICIAN'S NAME (Type) Eavin G	Riley, WII	1500 Penna, H	agerstown, Md.		
230	BURIAL (REMATION 23b. DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY 23d LOCAT	ON (City or Town) (County) (State)		
	Burial Feb. 4,1967	Rose Hill Ce		rland, Md.Allegany		
24	FUNERAL DIRECTOR	ADDRESS	250 RECD BY REGISTRAR	25b REGISTRAR'S SIGNATURE		
	James F. Scarpelli, C	umperland, Md	 DATE FFB 7 	1967 Jelianles Judge		

VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.

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(County) 1967 to Flan 21, 19 67, that (1) (we) last saw the deceased alive an Fin 22 19 67, and that death accurred at Q:AM, from causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED MED DIRECTOR M.D. 22d ADDRESS 22c PHYSICIAN S NAME (Type) 145 S. PROSPECT ST. HAGERSTOWN, MD.

23c. NAME OF CEMETERY OR CREMATORY

FEB. 26.1967 LINCOLN CEMETERY 24. FUNERAL DIRECTOR **ADDRESS** SELLERS FUNERAL HOME CHAMBERSBURG. PENNA.

23b DATE THEREOF

230. BURIAL CREMATION

BEJEMPYAT (Specify)

250. REC D BY REGISTRAR 1967

23d. LOCATION (City or Town)

CHAMBERS BURG. PENNA.

2Sb REGISTRAR S SIGNATURE Milarles

02792

ON A FARM?

YES NO A

Year

IF UNDER 24 HRS.

19

INTERVAL BETWEEN

WAS ALTOPS

PERFORMED? NO

(Stote)

67

FRANKLIN V

23

VR A15 (4) 25M 1/67

W. 48

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MELLIN DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY a. STATE Washington Md. Wash. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Hagerstown Vears d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? State hours 49 E. Franklin St. E. Franklin St. YES NO 3. NAME OF First DATE Month Middle DECEASED EDWIN WEAGLEY KROUSE DEATH (Type or print) AGE (III YEARS 5. SEX 6. COLOR OR RACE DATE OF BIRTH FUNDER 24 AR 7. MARRIED NEVER MARRIED last birthday) | Months | ive Pages with form Davs Hours male white WIDOWED T DIVORCED [eb. 14.1913 53 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT **COUNTRY?** draftsman sandblasting Mfg. Chewsville. Md. 13. FATHER'S NAME MOTHER'S MAIDEN NAME Edgar D. Krouse Laura Shirey File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | Address 17. INFORMANT (Yes, no, or unkown) ((If yes give war or dates of service) executed within 213-16-1754 Mrs. Jeanie Mills, Valdosta. no Ga. INTERVAL DETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 1 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary thrombosis burial-transit 늄 Sev. cremation. **DUE TO** Conditions, if eny, which (b) certificate should be gave rise to immediate DUE TO cause (a), stating the 40 used as a to burial, underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? YES THE NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.) 20s. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 3 should agent, pri MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion should DIRECTOR: death resulted from: Natural causes , , Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER YOUR 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER DEPUTY MED SIGNATUR for Ō, FUNERAL Howard Ν. 580 Weeks, M. **EXAMINER'S** director. Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 0,0 REMOVAL (Specify) 2-10-67 Rose Hill Cemetery Hagerstown. Md. burial 25a. REC'D BY REGISTRAR! 25b. REGISTRAR'S SIGNATURE ADOR ESS 24. FUNERAL DIRECTOR Charles Minnich Funeral Home, Hagerstown, Md. VR ALSME (5) 5M 1/65



25 1.			DIVISION OF STATISTICAL	MARYLAND STATE DE	PARTMENT OF HEALTH 5, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
e 40.	1		02801		E OF DEATH	02794
24 hours after death filled in by the functional agers. Pages 1 and 2		1.	PLACE OF DEATH a. COUNTY WASHINGTON	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if Institution: a. STATE MARYLAND b. COUNTY W.	Residence before admission) ASHINGTON
24 hours after filled in by the papers. Pages 1	ours at		b. CITY DR TOWN (if outside corporate il write RURA), and give nearest town) HAGERSTOWN	limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RUR) HAGERSTOWN	AL and give nearest town)
	10		d. NAME OF HOSPITAL OR INSTITUTION (I	(If not in hospital, give street address)	d. street address 943 THE TERRACE	e. IS RESIDENCE ON A FARM? YES ND A
executed within and completely remove carbon	.III., ₩1.CI	3.	NAME DF First DECEASED (Type or print) WILLIAM	,	LANE, JR. DATE Month DF DEATH FEBRUARY	Day Year 7 19 67
xecuted and con	any eve	5.	MATE LUITOR	THE PARTY OF THE PROPERTY OF THE PARTY OF TH	8. DATE OF BIRTH MAY 12, 1892 9. AGE (In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS. Hours Min.
ے ہے۔		10a dur	a. USUAL OCCUPATION (Give kind of work don ling most of working life, even if retired) LAWYER	ne 10b. KIND DF BUSINESS OR INDUSTRY SELF EMPLOYED	1 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?
rtificate ing phy Then p	or removal,	13.	FATHER'S NAME WILLIAM P. L.	ANE, SR.	14. MOTHER'S MAIDEN NAME VIRGINIA CARTWRIGHT	
death certific he attending I permit. Then	n, or re	15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCE s, no, or unkown) (If yes give war or dates of ser	(ES? 16. SOCIAL SECURITY NO. 17. (17. 217-10-2759 M	INFORMANT HAGERANDOWN, IRS. DOROTHY LANE 943 THE TER	
L OR ATTENDING PHYSICIAN: The lay be retained by the hospital or a DIRECTOR: After this certificate age 3 should be detached for use	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat age 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the at irector, page 3 should be detached for use as the burial-transit pernould be filed with the State Dept. of Health prior to burial, cremation.		208. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yea Hour a.m., p.m. 19 21. I certify that (I) (this hospita saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) JOHN C. S. BURIAL, CREMATION, 23b. DATE THE BURIAL, CREMATION, 23b. DATE THE BURIAL (Specify) FEB. 11,	Rejective of alknown of the state of the sta	DRRED. (Enter nature of Injury in Part I or Part II of Item 1) ICE OF INJURY (Home, farm., 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	PERFORMED? YES ND 18.) 18.) County) (State) County) (State) TOWN MD County) (State) YLAND
VR AI5 (4) 20M 1/65	P	24	CHARLES M. ROUZER	ADDRESS HAGERSTOWN, MARYLAN	DE TERM FEB 1 5 1967 FEB 1 5 1967	ir's signature



PRESTON STREET, BALTIMORE 1, MARYLAND DEATH after should 4506 16/0/-1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. COUNTY b. COUNTY 4² = 4 death. MARYLAND and b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest write RURAL and give nearest town) filled in Pages 1 after agers town d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO papers. in 72 hot completely NAME OF DATE Yeer Middle Month Day DECEASED (Type or print) DEATH within carbon 5. SEX DATE OF AGE (In years IF UNDER I YEAR IF UNDER 24 HRS and last birthday) Months Days Hours WIDOWED / DIVORCED DE physician 10e. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST 12. CITIZEN OF WHAT COUNTRY or foreign country) done during most of working tite, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME attending ◛ Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN (Yes, no, or unkown) (If yes give wer or detes of sarvice) attending physician. 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN signed by ONSET AND DEATH 6 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, the burial-transit **DUE TO** Conditions, if any, which has been gave rise to immediate cause DUE TO burial, (a), stating the underlying causa last. (c) e hospital or certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19, WAS AUTOPSY CERTIFICATION \$ Q PERFORMED? 957 NO Z YES prior 20e ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part | or Pert | of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached may be retained by DIRECTOR: After 20c. TIME OF INJURY 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm,) Month, Day, Yeer 2Df. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While ö et work at work 19 21. I certify that (I) (this hospital) attended the deceased from ... + 26-6. lo 22. SUGNATURE 22b. DATE **ATTENDING** MED. STAFF SIGNED N DIRECTOR PHYS. PHYS. page with th M.D. HOSPITAL FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS filed v 23a. BURIAL, CREMATION. 23Ь 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county (Stele) (Specify O F B 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. REGISTRAR'S SIGNATURE VR A15 (4) 2DM 5-63



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02803 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death and completely filled in by the funeral remave carban papers Pages 1 and 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) PLACE OF DEATH a COUNTY o. STATE b. COUNTY within 72 hours after MARYLAND E LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn QYMes mo d. STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) unthown YES NO mew 00 3 NAME OF the attending physician and completely to sit permit. Then please remave carban Middle Lost 4. DATE Month Year First Day DECEASED 701 27 0 1967 usan DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** P DATE OF BIRTH Months lost birthday) Days Hours and in any WIDOWED DIVORCED 12. CITIZEN OF WHAT KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10g USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) INDUSTRY Housekee Per House Keeper MOTHER'S MAIDEN NAME crematian, ar remaval, OUL9 ara Address 2750 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI (Yes, no. arunknown) (If yes give war or dates at service) Williams LATERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) burial-transit ONSET AND DEATH PART ! DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed by Page 4 may be retained by the haspital or attending physician. DUE TO burial, Conditions, if any, which gove nse to immediate couse (o), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been as the priar tal lost. WAS AUTOPSY PERFORMED? PART (I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) CERTIFICATION detached far use te Dept. of Health NO. 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or fown) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour o.m. factory, street, office blda., etc.) Not While at wark at work pe 1967, that (1) (we) last 2]. I certify that (I) (this-hospital) attended the deceased fram 2 -25 1967 to 2-27 shauld 19.67, and that death accurred at 9145 PM, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220/ SIGNATURE ATTENDING M.D DIRECTOR PHYS. director, page 3 shauld be filed v PHYS 22d, ADDRESS PHYSICIAN'S 217 W. Washin NAME (Type)___ 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town 23c. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 25g. RECO BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 196 Layer



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02804 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) Washington o. STATE Maryland Washington MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E LENGTH OF STAY IN 16 Life Boonsboro Boonsboro d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 235 S. Main St. YES -NO KO Reeders Nursing Home 3. NAME OF 4. DATE Doy Year DECEASED 28, DEATH February (Type or print) Evster Kennedv Leggett 9 AGE (n years IF UNDER 1 YEAR | IF JNDER 24 HRS B. DATE OF BIRTH 6. COLOR OR RACE 7 MARRIED NEVER MARRIED lost birthdoy) Months WIDOWED TY DIVORCED April 11, 1883 0 Male White 10a USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) **COUNTRY?** during most of working life, even if retired) INDUSTRY Merchant Boonsboro, Md. U. S. A. Grocery Store 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME William Leggett Sarah Parks 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Boonsbore. Md. 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service) Mr. William H. Leggett 301 S. Main St. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)
PART I DEATH WAS CAUSED BY -ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Roant - failure NO F 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18) 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) 20c TaME OF INJURY Month, Day, Year

foctory, street, office bldg., etc.)

ATTENDING

22d ADDRESS

M.D

Conditions, if any, which gove nse to immediate couse (a), stoting the underlying couse

20o ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

Hour 'o.m.

220 SIGNATURE

22c. PHYSICIAN'S

230 BURIAL, CREMATION

NAME (Type)

Hero was;

20d INJURY OCCURRED Not While While of work ot work

(County)

21. I certify that (1) (this hospital) attended the deceased from 4-27- 1967, to 2-25, 1967, that (1) (we) lost

2-28.

22b DATE SIGNED

JOSEPH SECUNDARI HO BOONSBORO 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY

REMOVAL (Specify)

3- 2- 67

23b DATE THEREOF

saw the deceased alive an 2:27 -

Boonsboro Cemetery 250. REC'D BY REGISTRAR

1967, and that death accurred at 11 A-M, from causes and on the date stated above.

MED DIRECTOR

Boonsboro, Md. 25b REGISTRAR S S GNATURE

O FUNERAL DIRECTOR: After this certificate has been

be detached for use os the State Dept. of Health prior to

MEDICAL

copaptety filled in by the funerology corbon papers. Pages 1 and Aevent, within 72 hours ofter deot

remo

signed by the attending physicion and a buriol-transit permit. Then please remo burial, cremotion, or removol, and in any

5. SEX

No.

PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours ofter deat

24. FUNERAL DIRECTOR

John H. Bast, Jr. 112 N. Main St. Boonsboro, Md. DATE



in the second

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR	γι ΔΝΠ
FOR STATE	02807 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2800
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Resi a. STATE b. COUNTY b. COUNTY	dence before admiraion)
th.	WASHINGTON MARYLAND	ORCAN
cessary, o the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown C. LENGTH OF STAY IN 1D C. CITY OR TOWN (If outside corporate limits, write RURAL and Branch Components) BREEF LEW PRINCS	
by affection	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Page Page	Washington County Hospital 301 Maerius 1801 & Ro. 3. NAME DF First Middle Last 4. DATE Month	Day Year
PM3.	OF OF OTHER OF PRINTY FEBRUARY	5 1967
iff. If all form P form P 2 within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years if UNDER 1 years and Months) Of the second of	EAR IF UNDER 24 HRS.
or death. If any de live Pages 1, 2, and with form PM3.	DIVORCED DIVORCED DIVORCED VALUE (State or foreign country) 12. CITE	ZEN OF WHAT
	GABORER GIRCRAFT SERKELEY DPEINGS, NY C	SA
25 P	13. FATHER'S NAME	
24 hou office office file p	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or anthown) (If yes give war or dates of service)	2
I within pencil it miner's permit.	NO 229-18-567) (1.L.MILLER - BEEKELEY)	remos, W/2
ited wi in per Examin Sit per or ren	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH SUDDEN
tecuting" al Extransicon, o	4201 DUE TO	<u> </u>
wild be executed "pending" in the Wedical Examinated Examinated a burial-fransition, or	geve rise to immediate	sev. year
ould " hief f	cause (e), stating the DUE TO underlying cause lest. (c)	
ficate sho the worn the Chi o the Chi used as to burial		19. WAS AUTOPSY PERFORMED? YES NO
EXAMINER: This certificate should be executed within 24 housthe certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files. Tiles. TOR: Page 3 should be used as a burial-transit permit. File p designated agent, prior to burial, cremation, or removal, and items.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	
te, wite, wite, wite, wite, was	20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Pum. 19 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	y) (State)
AINER Tiffica 1 be 1	p.m. 19 at work at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinion
the certificates the ce	death resulted from: Natural causes X, Accident , Suicide , Homicide , Undetermined manner	
4 4 8 8	ACTUAL CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER	2/6/67 22. DATE SIGNED
른 용수은 글은	DEPUTY MEDICAL EXAMINER XX 580 Nort	
D DEPUTY M please execution of the state of	EXAMINER'S Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerst 23a. 8URIAL, CREMATION 23d. DOCATION (City, town, or county) Hagerst	
ples dire reta of h	BURGE 2-8-67 14T. ZION BERKELLY PRICE	ics, lello
VR ALSME (5)	24. FUNERAL DIRECTOR. ADDRESS ADDRESS 25a. REC'D BY REGISTRAR 25b/ REGISTRAR'S ALLA DATE FEB 1 0 1967 FUNERAL DATE FEB 1 1 0 1967 FUNERAL DATE FEB 1 196	
5M 1/65	My. 17. HUNTER DERKELLY STRICES, IN & DATE ILD I O HOT	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02808 CERTIFICATE OF DEATH deoth. The low requires that the death certificate be executed within 24 hours ofter death by the funeral Poges 1 and 2 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution a. COUNTY WASHINGTON a. STATE MARYLAND b. COUNTY tely filled in by the fune ban popers. Poges I o , within 72 haurs ofter d WASHINGTON MARYLAND b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c City OR TOWN (If autside corporate limits, write RURAL and give nearest town) write RHA CHERRISTOWN) LIFE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 1023 SPRUCE ST. NO X NAME OF First Middle 4 DATE Manth Day Year DECEASED MARGUERITE CECELTA MILLER FEBRUARY 1967 (Type of pant) DEATH 5. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH AGE (in years IF UNDER 24 HRS 7 MARRIED NEVER MARRIED last birthday) Manths Hours WHITE FEMALE WIDOWED DIVORCED 10a LSUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12, CITIZEN OF WHAT COUNTRY? IRCRAFT MFG. CORP. MARYLAND 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or removal GEORGE M. FOUKE CAPTOLA WHITE 5. WAS DECEASED EVER IN U.S. ARMED FORCE S? 16 SOCIAL SECURITY NO 17 INFORMANT AdHAGERSTOWN (Yes, no, acunknawn) (If yes give war ar dates at service) 220-16-248d MR. PAUL E. MILLER MD. INTERVAL BETWEEN DOSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line-tex (a), (b) and (c).
PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gove (b) rise to immediate cause (a). DUE TO stating the underlying cause PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) WAS AUTOPS this certificate has PERFORMED? IXOMA Reart NO 20a ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of mount in Part 1 or Part 11 of Item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or fawn) (County) (Stote) Nat While factory, street, affice blda., etc.) at work 1960, to 2 - 9 - , 196 / that (1) (we) lost 21. I certify that (1) (this hospital) attended the deceased from 31-1967, and that death occurred at 4 20 PM, from couses and on the date stated above sow the deceosed olive on 2-9-22b DATE SIGNED 22a. SIGNATURE ATTENDING M.D DIRECTOR PHYS 22d. ADDRESS EPH SECONDARI FUNERAL OF MSBORO NAME (Type) directar, p 23g BURIAL CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) 2/13/67 ROSE HILL CEM HAGERSTOWN WASH ,250 REC'D BY REGISTRAR FEB 5

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02809 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY WASHINGTON b. COUNTY Poge MARYLAND ō WASHINGTON MARYLAND Stote Department c LENGTH OF STAY N 1b b CITY OR TOWN (If autside carparate limits c City OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) LETIERSBIRG town) LIFE LEITERSBURG d NAME OF HOSPITAL OR INSTITUTION (finet in hospital give street address) d STREET ADDRESS e S RESIDENCE ON A FARM? along with form WATER ST. WATER ST. NO 🗍 in Item 18. Give Poges 24 hours ofter death 3 NAME OF Middle 4 DATE Year DECEASED ETHEL MAY MINER FEBRUARY 67 (Type or print) DEATH S SEX & COLOR OR RACE AGE (In years 7 MARRIED NEVER MARR ED birthday) Hours FEMALE WHITE 11/13/1882 WIDOWED DIVORCED Office 10o. USUAL OCCUPATION (Give kind of work done TOB KIND OF BUSINESS OR 1). BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT during HOUS from FEE (fretired) COUNTRY? MARYLAND the Chief Medicol Examiner's 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME HENRY MINER ANNA CATHERINE WHITMORE 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 6 SOCIAL SECURITY NO 17 INFORMANT RT .#5"HAGERSTOWN (Yes, ne or unknown) (If yes give wor or dotes of service) NONE MISS GRACE MINER MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN event ONSET AND DEATH Sudden PART I DEATH WAS CAUSED BY Congestive heart failure IMMEDIATE CAUSE (o) writing the word DUE TO 늉 any (Conditions, if only, which gove rise to immediate couse (o), DUE TO storing the underlying couse os PART II OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(c) 19 WAS AUTOPSY PERFORMED? removol, CERTIFICATION NO X Exposure 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY CONTRIBUTING C cremation, or CAUSE OF DEATH MEDICAL 20c TIME OF NURY Month, Dov. Year 20d INJURY OCCURRED 20e. P.ACE OF INJURY (Home, form (City or town) (County) factory, street, office blda., etc.). Hour o.m FUNERAL DIRECTOR: Poge of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry . ond in my opinion Notural couses X. Accident . Suicide . Homicide deoth resulted from: Undetermined monner funeral director CHIEF MEDICAL EXAMINER /27/67 22. DATE SIGNED ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER X 580 Northern Ave. **EXAMINER'S** Howard N. Weeks, M.D. Address (Street, city, town, or county) Hagerstown. NAME (Type) Md. 23b. DATE THEREOF 2/28/67 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) [County] 0 LEITERSBURG WASH. LEITERSBURG LUTHERN MD_{\bullet}



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
dearn:	1. PLACE OF DEATH U2803 1. PLACE OF DEATH U2803 1. PLACE OF DEATH U2803
	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. STATE MARYLAND b. COUNTY WASHINGTON MARYLAND
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO 2 NO 2
	3. NAME OF First Middle Last 14. DATE Month Day Year
	DECEASED (Type or print) MADLYN JOANNE MONTGOMERY DEATH FEBRUARY 12 19 67
_	DECEASED (Type or print) MADLYN JOANNE MONTGOMERY DEATH FEBRUARY 12 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 NOVER DIVORCED JULY 30, 1929 9. AGE (In years FUNDER 1 YEAR FUNDER 24 HR last birthday) Months Days Hours Min
	103, USUAL DCCUPATION (Give kind of workdone) 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT
	SHORT OF DER COOK RESTAURANT MINERAL CO., W. VIRGINIA U.S.A.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	MERNIE S. EVANS MADLYN POOLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT HAJERSTHOUS. MARYLAND
ding physician. been signed by the attending physician and completely the burial-transit permit. Then please remove carbon p to burial, cremation, or removal, and in any event, within	(Yes, no, or unknown) ((If yes give war or dates of service) NO 10. SOURCE DEVIATION 17. INFORMANT
	1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), 1
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage from esophageal varices ONSET AND DEATH 3 hours.
	5 V I DUE TO 4
	Conditions, If any, which gave rise to immediate (b) Portal cirrhosis of liver indeterming at a
l	cause (a), stating the DUE TO
	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS
I	Mild chronic pancreatitis; splenomegaly PERFORMED? YES [X] NO [
	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(b) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(a) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(b) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(c) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION GIVEN IN PART 1(b) PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS C
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, law) 20f. (City or town) (County) (State) 4 work 20f. (City or town) 20f. (City or town) 20f. (City or town)
	21. I certify that (I) (this hospital) attended the deceased from January 27, 1967, to February 129.67, that (I) (we) la
	saw the deceased alive for Feb. 12. 19.57, and that death occurred at 0.1 M, from the causes and on the date stated above
	222. SIGNATURE 2.11. 22b. DATE SIGNED M.D. PHYS. DIRECTOR PHYS. Feb. 14, 1967
	22e. PHYSICIAN'S 22d. ADDRESS
	NAME (Type:William T. LAYMAN M.D. PROFESSIONAL ARTS BLGD. HAG. MARYLAND
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL (Specify) 2/15/1967 REST HAVEN CEMETERY HAGERSTOWN, MARYLAND
	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE CHARLES M. ROUZER HAGERSTOWN. MARYLAND DATE FFR 1.7 1867 Clically Sudar
	CHARLES M. ROUZER HAGERSTOWN, MARYLAND DATE FEB 17 1867 Charles Judan



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02811 CERTIFICATE OF DEATH and 2 death. be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) and completely filled in by the funeral remove carban papers. Pages 1 and o. COUNTY o. STATE **b** COUNTY Washington Washington Maruland MARYLAND CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) Hagerstown Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 Washington County Hospital 64 Wayside Ave NO X YES 📑 3. NAME OF DATE Year Inst DECEASED Charles Herbert Tebruary Moore DEATH (Type or print) 19 67 please remove car IF UNDER | YEAR S SEX 6 COLOR OR RACE 7. MARRIED DY. NEVER MARRIED B. DATE OF BIRTH AGE (n years IF UNDER 24 HRS lost 64 pirthday) Months Dovs Hours May 14,1902 and in any WIDOWED DIVORCED Male 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY Hagerstown,
14. MOTHER'S MAIDEN NAME requires that the death certificate 13. FATHER'S NAME or removal. БП Charles Herbert Moore Fannie Mae Morgan IS WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT Address dagerstown, Md. (Yes, no, or unknown) (If yes, give war or dates of service) 25/20-9/25/ 64 Wayside Ave. Mrs. Helen E. Moore 577-26-4670 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 1611 DUE TO Conditions, if any, which gove rise to immediate couse (a), **DUE TO** stating the underlying couse the haspital ar attending as the O FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO X YES far. 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Not While Hour o.m. foctory, street, office bldg . etc.) 19 (7, to Feb 18, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram / File Page 4 may be retained 15 19 67, and that death accurred at 8456M, fram causes and an the date stated above saw the deceased alive an_ 22b DATE SIGNED 220 SIGNATURE M.D. DIRECTOR PHYS. PHYS 22d **ADDRESS** 22c. PHYSICIAN'S directar, NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) St. Paul's Cemeter Md Paul Washington 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4)3/ Rest Haven Juneral Chapel Hogerstown, Md.



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02812 executed within 2 hours after death lease remove corbon popers. Pages 1 and on ond in any event, within 72 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence befo and completely filled in by the funeral remove corbon papers. Pages I and PLACE OF DEATH Washington o. COUNTY " Maryland Washington MARYLAND b CITY OR TOWN (If autside carparate limits write RURAL and give nearest town) C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Smithsburg Smithsburg vears d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? Mann So. Mexber St. So. Alexberr St NO-NAME OF Middle 4. DATE please remove corbon Year DECEASED (Type or print) HUBERT WESLEY MOSER DEATH February AGE (In years IF UNDER 24 HRS 5 SEX 6 COLOR OR RACE B. DATE OF BIRTH 7 MARRIED NEVER MARRIED birthday) Days Haurs white male Dec.27.1887 WIDOWED DIVORCED 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 10a USUAL OCCUPAT ON (Give kind of work done requires that the death certificate be COUNTRY? en merchant Frederick Co.Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME or removol. John E. Moser Emma Stottlemyer Add Smithsburg, Md. IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT (Yes, no, ar unknown) (If yes give wor or dates af service) **-07-**5083 Mrs.Della L.Moser. 33 S xxxxxxx ST. Main INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a).
PART I DEATH WAS CAUSED BY signed by the burial-transit p IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse O FUNERAL DIRECTOR: After this certificate hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health a NO V 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port 11 of Item 18.) 20g ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Nat While at work at work 21. 1 certify that (1) (this hospital) attended the deceased from 41000 and that death accurred at 2/6/12 M, from causes and an the date stated above. saw the deceased alive on-22b DATE SIGNED 220. SIGNATURE STAFF director, poge 3 should be filed v M.D DIRECTOR 22d -- ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b DATE THEREOF 230 BURIAL, CREMATION, St. Mark's Lutheran Wolfsville Fred C 性理性性性 Feb.15 24 FUNERAL DIRECTOR 20 M 1/66 Myersville



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. icion and completely filled in by the funeral lease remove corbon papers. Pages I ond I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY n. STATE **b.** COUNTY Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve corbon papers. Pages I event, within 72 hours ofter MARYLAND Maryland Washington c CITY OR TOWN (If outside comparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 Hagerstown Rural Boonsboro Days d. NAME OF HOSPITA, OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENC ON A FARM Washington County Hospital Rfd. 2 NOX YES | NAME OF ease remove corbon Middle Lost 4. DATE Doy Year DECEASED February 10, (Type or print) Katie amma. Moser DEATH 19 IF UNDER I YEAR 9 AGE (In years JE UNDER 24 HRS S SEX 8. DATE OF BIRTH 6 COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Manths Dovs Hours Female White WIDOWED DIVORCED Nov. 3, 1881 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife 12 CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? Own Home Rural Boonsboro . Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Otha J. Ford Etta Haupt IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Hager Stown, Md. (Yes, no, or unknown) (If yes give wor or dotes of service 215-26-8659 No. Mr. Arthur E. Moser 312 N. Mulberry St. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse os the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION be detached for use State Dept. of Health NO O FUNERAL DIRECTUR: After this certificate 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 205. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work of work , 1959, ta 2-10 - , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 6-3saw the deceased alive an 2 - 10 -19 47, and that death accurred at 1 20 AM, fram causes and an the date stated above 22o SIGNATURE 22b. DATE SIGNED **ATTENDING** MED. DIRECTOR 2-11-6 director, page 3 should be filed v M.D. PHYS 22d. ADDRESS BOONS BORO Md 22c PHYSICIAN'S SECONDARI NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 230 BURIAL, CREMATION, REMOVAL (Specify)
Burial Boonsboro Md ...
GISTRAR 25b. REGISTRAR'S SIGNATURE 2- 12- 67 <u>Boonsboro Cemetery</u> 2So RECD BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) (Clarela. 20 M 1/66 John H. Bast, Jr. 112 N. Main St. Boonsboro Md



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02814 d≡ath. requires that the death certificate be executed within 24 hours after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY a. STATE b COUNTY WASHINGTON MARYLAND b. CITY OR TOWN (If outside corporate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest tawn) LIFE HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 60 E. FRANKLIN STREET YES NO TX Middle NAME OF First 4 DATE Doy Year DECEASED (Type or print) RAYMOND ELLSWORTH MUNSON DEATH FEBRUARY 67 19 5 SEX 6. COLOR OR RACE 7 MARRIED **NEVER MARRIED** 8. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR TELLINDER 24 HRS post birthdoy) SEPT. 25.1890 MALE WHITE WIDOWED DIVORCED 100 USUAL OCCUPATION (Give kind of work done dung most of working the even in retired) STA 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? WASHINGTON CO. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME EDWARD MUNSON GERTRUDE BRIGHTWEISER 17 INFORMANT HAGERSTAWN, MARYLAND WAS DECEASED EVER IN it'S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give wor or dates of service) 214-09-1691A MRS. ALICE MUNSON 60 E. FRANKLIN STREET 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? NO Z 200 ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED [Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF IN. JRY (Home, form, 20f (City or town) (County) (Stote) O FUNERAL DIRECTOR: After this Haur a.m. factory, street, office bldg., etc.) Not While at work of work 21. I certify that (I) (this haspital) attended the deceased from 10-24, 1966, to 2-17, 1967 that (I) (we) last sow the deceased alive on 2-12 1962, and that death accurred at 9/128 M, from causes and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS 2-20-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S 119 E. ANTIETAM ST. HAGERSTOWN. MD. NAME (Type) M. MANDELL M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, BUNTAL (Specify) ROSE HILL CEMETERY HAGERSTOWN, MARYLAND 24. FUNERAL DIRECTOR 25b. REGISTRAR S SIGNATURE **ADDRESS** 2So REC'D BY REGISTRAR HAGERSTOWN. MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH within 24 hours after death. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave carban papers. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b. COUNTY Washington Washington Marvland MARYLAND c CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) c LENGTH OF STAY IN 1b b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 3mo. 24 days Williamsport Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitar, give street address) Pa. e 35 RESIDENCE ON A FARM? YES NO d. STREET ADDRESS 21 Hampton Rd. E. Western Md.. State Hospital Ave.. NAME OF DATE Month Yeor DECEASED OF (Type or print) DEATH 6 COLOR OR RAG 9. AGF (In years 7. MARRIED DATE OF BIRT **NEVER MARRIED** last berthdoy) Months Hours Sept.. 20 1902 WIDOWED DIVORCED ing Sual Occupation (Give kind of work done attractions of work notific even if retined)
Sheet Metal Worker 12 CITIZEN OF WHAT COUNTRY? U.S.A 11. BIRTHPLACE (County & State, or foreign country) 10b, KIND OF BUSINESS OR W .. Va. requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Shank Joseph Nave Laura 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. 21 Hampton Rd. E. (Yes, no, or unknown) (If yes give wor or dates of service Williamsport, Md Mr. John Murray No INTERVAL BETWEEN ONSET AND DEATH B. CAUSE OF DEATH (Enter only one couse per inprior (o), (b), ond/(c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse los1. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNAPICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION YES 200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Post II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, form (Stote) 20c. TIME OF INJURY Month, Day, Year (City or town) (County) Hour o.m. Not While factory, street, office bldg., etc.) of work at work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from director, page 3 should should be filed with the and that death occurred at M, from couses and on the date stated above saw the deceased there an 220 SIGNATURE ATTENDING STAFF DIRECTOR PHYS 22c PHYSICIAN'S NAME (Type) 1500 Tenna.A NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BUR AL CREMATION Burial (Specify) Feb. 10-67 Rosehill Cemetery Hagerstown. Md.. 24. FUNERAL DIRECTOR ADDRESS 25o. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 Albert L. Leaf Williamsport, Md.. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02816 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission a. COUNTY o. STATE b. COUNTY MARYLAND b CITY OR TOWN (If autside carporate imits c LENGTH OF STAY IN 16 c. CITY OR_TOWN (If outside corparate, limits, write RURAL and give negrest tawn) write RURAL and give pen d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) e IS RESIDENCE ON A FARM? filled NO [NAME OF carban First Middle Day Year DECEASED event, (Type or pnnt) DEATH SEX AGE (in years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) DIVORCED and in any WIDOWED 10a USUAL OCCUPATION (Give kind of work dane TOP KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working ite, even if retired) - rank lin 13. FATHER'S NAME MOTHER'S MAIDEN NAME remayal, WAS DECEASED EVER IN U.S. ARMED FORTES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, aptinknown) (If yes give war as dates of service) 5 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: signed by the burial-transit ONSET AND DEATH IMMEDIATE (AUSE (a) Arteriosclerotic Cardio Vascular Disease the haspital ar attending physician. DUE TO Conditions, if any, which gave (b) Senility rise to immediate cause (a). DUE TO stating the underlying couse as the 19 WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health P YES NO this certificate far 20g ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (Crty or fown) (County) (State) factory, street, affice blda., etc.) at wark ot wark 21. I certify that (I) (this hospital) attended the deceased from Feb. 1, 1967, to Feb. 13, 1967, that (I) (we) last sow the deceased alive an Feb. 1, 1967, and that death accurred at 5 P.M., fram causes and on the date stated above. O HOSPITAL OR ATTEND Page 4 may be retained FUNERAL DIRECTOR: 220 SIGNATURE 22b DATE SIGNED MED DIRECTOR M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) W. Washington St., Hagerstown, Md 23a BURNAL, CREMATION METERY OR CREMATORY (State) 0 2Sq REC'D BY REGISTRAR 25h REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02817 CERTIFICATE OF DEATH 02810 requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution. Residence before admission) Washington Maryland Washington MARYLAND b. (ITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 1 Week Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Garlock"Memorial Home 350 Ridge Ave YES NO. 22 2 NAME OF Middle First Lost DATE Month Yea: DECEASED (Type or print) MYERS MAGGIE MAE Feby 8 1967 ĎĖATH 6 COLOR OR RACE 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED B DATE OF BIRTH ast birthday) White Hours Female WIDDWED 25 DIVORCED Nov 27 1893 10o USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign countre 2. 12 CITIZEN OF WHAT Own Home Shady Grove Franklin Cb 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Isabelle Hager George Wevant 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (Yes, do. or unknown) (If yes give wor or dofes of service) Harry E. Myers 618 West Franklin St None 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY Hagerstown Md. INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse State Dept. af Health priar to last. 11 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND.T ON GIVEN IN PART 1(o) YES 🗔 NO 200 ACCIDENT WAS ...NDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of Item 18) OR CONTRIBUTING THE CAUSE OF DEAT (IF EITHER, NOT FY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (County) (State) 20c TIME OF INJURY Month, Day, Year TO FUNERAL DIRECTOR: After this factory, street, office bldg., etc.) ot work 21. I certify that (I) (this haspital) ottended the deceased fram_ 19.50 ta __, that (I) (we) last 2-2-1967, and that death occurred at SDPM, from causes and on the date stated above. sow the deceased olive on_ 22o, SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR PHYS 580 Northern Avenue, Hagerstown, Md 22c PHYSICIAN'S Robert F. Keadle, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b. DATE THEREOF 23d LOCATION (City or Town) (County) 2/11/67 Rose Hill Cemetery Hagerstown Wash Co Md. Hagerstown Md ADDRESS Coffman Funeral Home Inc 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02818 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs offer death 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before odin ssian) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY WASHINGTON MARYT AND on papers Pages I MARYLAND b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and orver neerest town) 23 YRS. HAGERSTOWN d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e IS RESIDENCE ON A FARM? WASHINGTON COUNTY HOSPITAL 349 ANTIETAM DRIVE YES NO A 3 NAME OF First Middle 4. DATE Month Last DECEASED NUSS FANNIE FEBRUARY 19 (Type or print) event, remove car S. SEX 6. COLOR OR RACE 7 MARRIED K B. DATE OF BIRTH 9 AGE (In veors IF UNDER 1 YEAR IE UNDER 24 HRS NEVER MARRIED lest durthdoy) SEPT. 8, 1921 FEMALE WHITE WIDOWED DIVDRCED and in an 10b KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT COUNTRY? physician c ien please HIGH SCHOOL during most of working life, even if retired) GREENE CO. VIRGINIA 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, ELSTE CATTERTON E. T. CALL, SR. HATGERS HERN THE WARD LAND 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service) 231-12-9503 349 ANTIETAM DRIVE MR. JOHN NUSS. JR. burial, crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and,(c)) (INTERVAL BETWEEN signed by the burial-transit p PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gove nse to immediate cause (a). DUE TO stoting the underlying cause as the prior tal 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART 1(o) YES 💢 NO F 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I at Port II af item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (City of town) 20t TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) (State) **FUNERAL DIRECTOR:** After this Haur o.m. foctory, street, office bldg, etc.) Nat While of work 21 I certify that (I) (this haspital) attended the deceased from 7 Cyp 1906 to 26 Leh director, page 3 shauld should be filed with the and that death accurred at HAM, from couses and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b DATE SIGNED STAFF PHYS. MED. DIRECTOR 2/27/1967 22d ADDRESS NAME (Type) RICHARD 1135 POTOMAC AVE. HAGERSTOWN. MD. BINFORD M.D. 23c NAME OF CEMETERY OR CREMATORY 23d EOCAT ON (City or Town) 230 BURIAL, CREMATION (County) (Stote) REMOVAL (Specify)
BURIAL CEDAR LAWN CEMETERY HAGERSTOWN, MARYLAND 24. FUNERAL DIRECTOR ADDRESS 25a REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 CHARLES M. ROUZER DATE MAR HAGERSTOWN, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02820 CERTIFICATE OF DEATH and 2 filled in by the funeral papers. Pages 1 and 2 rithin 72 hours after death requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. Maryland b. COUWAShington Washington **MARYLAND** b. CITY OR TOWN (If outside corporate iimits. t CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 write RURAL and give neorest town)
Hagers town 4 Hr. Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2376 Penna. Ave Washington County Hospital YES NO carban ent will NAME OF Middle DATE Lost Month Day Year campletely DECEASED (Type or pnnt) 19 67 William Parlette Sr. Feb. 14. Andrew event DEATH 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH NEVER MARRIED remaye birthdoy Months Hours Aug. 21, 1906 \hite male WIDOWED DIVORCED gug 100 SJAL OCCJPATION (G ve kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT Sheet Metal Wo signed by the attending physician obvial-transit permit. Then please burial, cremaval, and o Lurav Page Co. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David H. Parlette Martha L. Cave WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service) -10-3364 Mrs. Gladys L. Parlette 1B. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE by the haspital ar attending physician. DUE TO Conditions, if only, which gove rise to immediate couse (a), stoting the underlying couse prior tat has been ATTENDING PHYSICIAN: The law lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS ALTOPSY PERFORMED? NO I certificate 200 ACCIDENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I as Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) TO FUNERAL DIRECTOR: After this 20c. TIME OF N.JRY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) Hour o.m. foctory, street, office bldg , etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased from be retained director, page 3 shauld shauld be filed with the and that death occurred from causes and on the date stated above saw the deceased alive on 220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS DIRECTOR 22d. ADDRES 22c. PHYSICIAN S Page 4 may NAME (Type 23o BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) BITHOYAL (Specify) Feb. 16/67 Reat Haven Cemetery Hagerstown Md Coffman Funeral Home Inc. 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Hagerstown, Maryland.

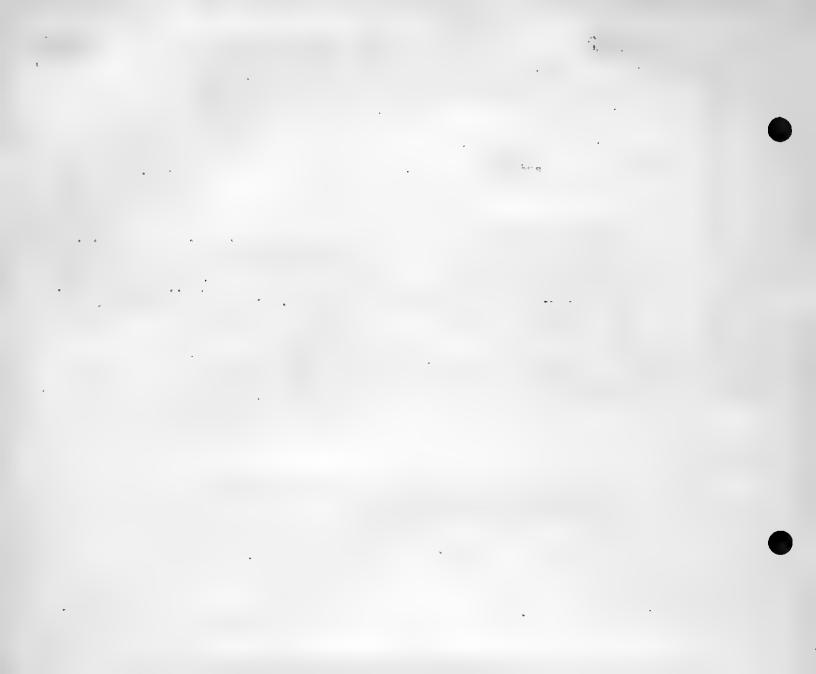


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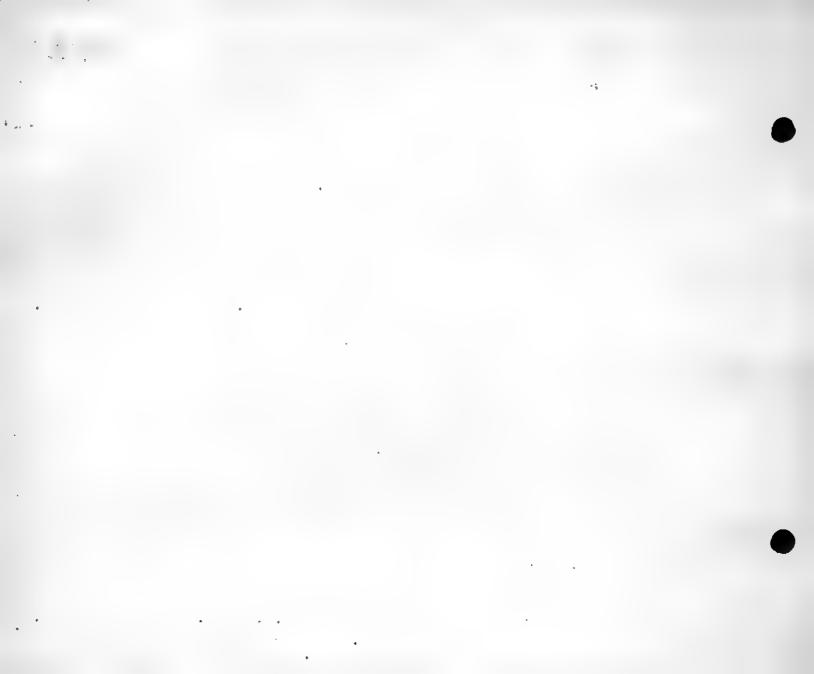
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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1.	PLACE OF DEAT						CE (Where deceases	l lived, If inst		idence be	fore at	missio
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]	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Hagerstown			LENGTH OF STAY IN 16		c. CITY OR TOWN (II		te Ilmits, wri	te RURAL a	nd give i	neares	t tow
	d. NAME OF HO	SPITAL OR INSTITUTION	DN (if not In h	ospital, give street	address)	d. STREET ADDRESS				0. [S RES	DENC
	Washingt	on County	Hospit	a l		114 West	Salisbur	7 Stree	t	YES		NO S
3.	NAME OF DECEASED	F	irst	Middle		Last	4. DATE	Month		Day	Yea	4
_	(Type or print)	Sadia		Elizabeth		Poole	OF DEATH	Feb.		20	13	67
	SÉX	6. COLOR OR RACE	7. MARRIED			B. DATE OF BIRTH		E (In years) t birthday)	IFUNDER 1 Months I D	YEAR IF	UNDER Hours	24 HF
	emale	White	WIDOWED	The same of the sa	l-ud	May 16 187		1 yrs.	9	3	112114	
du	. USUAL OCCUPATION (Give kind of work done) ing most of working life, even If retired) HOUSEWILE FATHER'S NAME		done 10b. P	done 10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (C		reign country)	COU	IZEN OF	WHAI	
12			HC			Bedington W Va. U			U.	J.S.A		
13								_				
George Crowell Elizabeth De Long 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 114 W. Series bur (Yes. In. or unknown) ((Eyes in war or dates of service)												
ίŸ	es, no, or unkown)	(If yes give war or dates of	of service)				_			,	•	
-	No			19 12 0737	7	Lice H Poo	ote Mi	lliams	port,	MCL.	41 C) F3	PSICE PA
		DEATH [Enter only or EATH WAS CAUSED BY	_	ine for (a), (b), and	(c).]					ONSET	AND I	EATH
1	MMEDIATE CAUSE (a) Jeri Ocitos								4	M	3	
	Conditions, If any, which) DUE TO PONSONATION OF COATTAINS							001-	_	*		
	gave rise to Immediate											
	cause (a), stoting the underlying cause last. (c) Cholecus Lits & chole, thissis Chivaric											
NS.												
S	Processor d									NO [
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20c. PLACE OF INJURY (Home, farm, † 20f. (City or town) (County) (State)											
MEDICAL	Hour a.s	m. ·	While	Not While	facto	ry, street, office bldg.,	etc.)	OI LUWII)	(Coun	37	(0)	HOLC)
ž	p.m. 19 at work at work 19 at work 19 19 19 19 19 19 19 1											
	21. I certify that (II) (this hospital) attended the deceased from 11/2 1, 1952, to 20, 1967, that (II) (we) last saw the deceased alive on 15/4 1967, and that death occurred at 24 M, from the causes and on the date stated above											
The state of the s										DATE SIGNED		
П	M.D. ATTENDING MED. STAFF 2 - 2/-6/											
	22c. PHYSICIAN'S NAME (Type) ME Burkit 22d. ADDRESS NAME (Type) ME Burkit Auch											
23. I	BURIAL, CREA	AATION, 23b. DATE ecify) Feb. 2	THEREOF /	23c. NAME OF C		OR CREMATORY		on (city, to				ate)
	. FÜNERAL DIRI	ECTOR		ADDRESS msport Mai		25a. "RE	CO BY REGISTRA	R i 25b. RE		SIGNATI		
_	Albert I	. Tear	MITITA	mobor c Mar	A Tari	DATE	D 10 10	21		A You	1	Trape .





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence o COUNTY 3 ta Page b COUNTY Washongton Maryland Frederick MARYLAND delay b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
Hagerstown State Department c LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) P.M.3. Minutes Lantz d NAME OF HOSPITAL OR INSTITUTION (If not in hospita, give street oddress) d STREET ADDRESS ON A FARM? farm 72 haurs RD1 Washington County Hospital Item 18. Give Page Office along with fi NAME OF 4 DATE Month Yeor DECEASED OF DEATH within (Type or print) with S SEX 6 COLOR 9 AGE (In years last birthday) Months Days Hours MIDOWED DIVORCED 10n USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT during most of working ife, even if retired) INDUSTRY Ow Farm Maryland Farmer pencil 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within Swope Ida and Samuel Prvor IS WAS DECEASED EVER IN IT'S ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) permit removal, Chief Medical Mrs. Jane E. Buhrman Lantz. Md. 8-30-976] No 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN burial-transit PART I DEATH WAS CAUSED BY Б IMMEDIATE CAUSE (a) burial, cremation, This certificate should DUE TO Conditions, if ony, which gove nse to immediate cause (a), DUE TO stoting the underlying couse В last 19 WAS AUTOPSY PART 1, OTHER SIGN-FIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? the certificate, NO S agent, priar to 200 EXTERNAL CAUSE WAY PR MARY Sor CONTRIBLING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Epter noture of injuly in Port 1 or Port II of Item 18.) shauld 20c. TIME OF INJURY Month, Day Year 200 PLACE OF INJURY (City or town) (Stote (County) factory street, office bldg etc.) FUNERAL DIRECTOR: Page Not While of work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry be retained far ond in my apinion death resulted from: Suicide X Natural causes Undetermined manner Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) DATE THEREOF (County) (Stote) 0 Bu RIMOVAe (Specify) 3-3-67 Pleasant Valley U.B. Nr. Smithsburg Wash. Go Creager RECD BY REGISTRAR FUNERAL DIRECTOR 25b REGISTRAR S SIGNATUR VR A15ME DATE MAR 1967 Thurmont. Md.



Division of STATISTICAL RESEARCH AND RECORDS, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission , 2, and . PM3. Page o. COUNTY o. STATE b. COUNTY delay is MARYLAND death ate Department b CIY OR TOWN (if outside corporate i mits, c LENGTH OF STAY IN 16 c CITY OR TOWN (If outs de corporate limits, write RJRAL and give nearest town) write RURAL and give nearest town) after 8 ERSTOWN OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RES DENCE ON A FARM? d. STREET ADDRESS haurs o Chief Medical Examiner's Office along with farm pencil in Item 18, Give Pages NO DO be executed within 24 haurs after death NAME OF Middle 4. DATE Month Day Year DECEASED OF Reynolds 7e 20 (Type or print) 1967 with th DEATH S SEX 7. MARRIED DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR NEVER MARRIED last birthdoy) Months HOLTS WIDOWED DIVORCED and even 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR (State or foreign country) 12 CITIZEN OF WHAT COUNTRY during most of working ife, even if retired) INDUSTRY pages 1 in any 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME and WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT removal, (Yes, no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. NTERVAL BETWEEN burial-transit ONSET AND DEATH burial, cremation, ar IMMEDIATE CAUSE (6) This certificate shauld DUE TO Conditions, if any, which gove rise to immediate couse (a), Page 4 should be farwarded to DUE TO stoting the underlying couse lost. nseq WAS AUTOPSY PERFORMED? PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 NO C please execute the certificate, Health ar its designated agent, priar ta 200 EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of Item 18) 3 shauld PRIMARY 🖼 or CONTRIBUTING 🗔 CAUSE OF DEATH Ce. 20c TIME OF INJRY Month, Doy, Year 20d INJRY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (Stote) Not While FUNERAL DIRECTOR: Page Md 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection 🗔 and in my apinion Suicide 🔀 death resulted fram Natural causes Homicide Undetermined manner the funeral director Accident be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASS-STANT MEDICAL EXAMINER SIG NATURI O DEPUTY DEPUTY MEDICAL EXAMINER may WASHINGTON ST. HAGERST DATE THEREOF 23d. LOCATION (City or Town) (Stote) 0 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATU VR A15ME (5) 6M 1/66

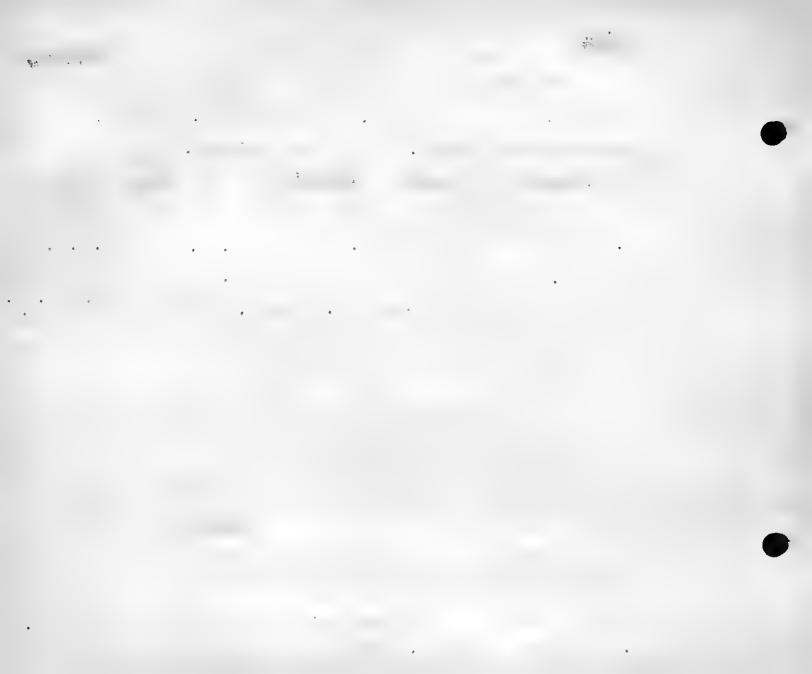
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02825 02818 CERTIFICATE OF DEATH death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a COUNTY b. COUNTY WASHINGTON WASHINGTON ve carbon popers. Poges I event, within 72 haurs after MARYI AND b CITY OR TOWN (If auts de carparate limits, L LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) DAY FUNKSTOWN filled in I IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 12 S. HIGH ST. WASHINGTON COUNTY HOSPITAL NO IX YES Middle NAME OF 4. DATE First Last Month emove carbon Day Year DECEASED RIDGELEY FEBRUARY GUY CASPER 67 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** birthday) Months Days Hours 11/17/1886 MALE WHITE WIDOWED DIVORCED 10a. JSUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY during most of working life, even if retired)
RETTRED BAKER MARYLAND CO. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME director, page 3 should be detached for use os the burial-tronsit permit. Then should be filed with the State Dept. of Heolth priar to burial, crematian, or removo FILEN STULL CHARLES G. RIDGELEY 214-09-1066 Address FUNKSTOWN 17. INFORMANT (Yes, no, or unknown) (If yes give war ar dates of service) CHAS. G. RIDGELEY MD. INTERVAL BETWEEN 1B CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) Poge 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM NER) MEDICAL 20c TIME OF INJURY Month, Doy, Year 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d INJURY OCCURRED House a m. factory, street, office bldg , etc) Nat While at wark 19____, that (1) (we) last 21. I certify that (1) (this haspital) (attended the deceased fram_// fram causes and an the date stated above saw the deceased alive anand that death accurred at 220 SIGNATURE 226 DATE SIGNED DIRECTOR M.D 22d ADDRESS TO HOSPITAL FUNERAL John C. Morton, M. D. NAME LType) 580 Northern Ave., Hagerstown, M. 21740 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 236 DATE THEREOF (State) (County) WASH .MD . REMURALISTA T 2/6/67 REST HAVEN CEM. HAGERSTOWN 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02826 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY Washington Maruland Allegany nan papers. Pages T within 72 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 Bowling Greene, Cumberland, 45 dus. Hagerstown. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? 425 Bowling Ave. Western Maryland State Hosp. YES NO DX NAME OF First Middle 4. DATE Month Year DECEASED (Type or print) 16 1960 1 DEATH the death certificate be executed S SEX AGE (In years IF UNDER YEAR | TE UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Male white 5-2-01 Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 100 USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT Kelly Tire Co. during most of working life, even if retired) COUNTRY? Ret. Supervisor Paw Paw, W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret R. Bagley William W. Robertson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Bowling Greene Cumb. Md. Mr. William F. Robertson 425 Bowling Ave. 17. INFORMANT (Yes, no, or unknown) if if yes give wor or dotes of service) 214-07-0156 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove (b) rise to immediate couse (a), DUE TO Vascular Accident with Rt Henripa. stoting the underlying couse PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19 WAS ALTOPSY PERFORMED? Myscardial Jackion 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, farm, (City or town) (County) foctory, street, office bldg , etc.) Not While of work of work 21. I certify that (1) (this haspital) attended the deceased from 1/3/1, 1967, to 1967, that (1) (we) los saw the deceased give an 2/16/1967, and that death occurred attended the causes and an the date stated above saw the deceased alive an_ 2 22o SIGNATURE 22b DATE SIGNED ATTENDING 22d. ADDRESS O HOSPITAL NAME (Type) FRANCISCO Hagerstown 230 BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial 2/20/67 Hillcrest Burial Park Cumberland 24 FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR Waune George Cumberland, Maruland

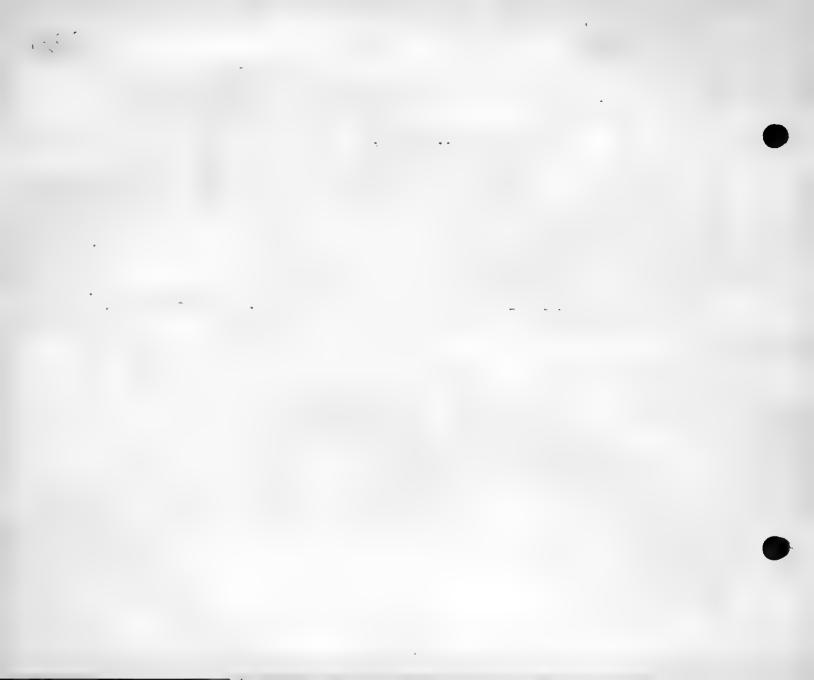


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02827 CERTIFICATE OF DEATH ate be executed within 24 haurs after death ond completely filled in by the funeral remove carbon popers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission PLACE OF DEATH b. COUNTY Washington o. STATE Maryland o. COUNTY Washington MARYLAND c CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, C LENGTH OF STAY IN 16 Days Hagerstown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS Washington County Hospital 1712 West Washington St. YES NO Middle 4 DATE Month 3 NAME OF DECEASED (Type or print) Robertson 1967 Garfield February James DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years DATE OF BIRTH 5 SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** berthdoy) Months Dovs White Dec 26 1886 Male WIDOWED X DIVORCED 100 SUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
R. R. Engineer 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b KIND OF BUSINESS OR COUNTRY please .S.A. Kifer Allegany Co Md. os the burial-transit permit. Then please prior to burial, crematian, or removal, and 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the ottending privs requires that the death certif William Robertson No Record 17. INFORMANT (Yes, po, or unknown) (If yes give wor or dotes of service) 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 705-10-7012 Mrs Rose Robertson 1712 W Washington INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY Hagerstown Md. signed by the burial-transit p QNSET AND DEATH IREMIA, ACUTE AND CHRONIC DUE TO DEPHROSCLEROSIS Conditions, if any, which gave a rise to immediate cause (a) DHE TO stoting the underlying couse has been HRTERIOSCLEROTIC HEART DISEASE WAS AUTOPSY PERFORMED? PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) uld be detached for use the State Dept of Health NO ARTERIO SCLEROSIS OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20d INJURY OCCURRED 20c TIME OF INJURY Month, Day, Year O FUNERAL DIRECTOR: After this Not While factory, street, office bldg, etc.) Hour om of work ot work 21. I certify that (1) (this hospital) attended the deceased france c. 13 1906 to/EB 2 1967, that (I) (we) last Poge 4 may be retained sow the deceased alive an FEB 2 1967, and that death accurred at 11.202M, from causes and an the date stated above 22b DATE SIGNED director, page 3 sho should be filed with 22g. SIGNATURE 02-03-67 PHYS M.D DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ARCHIE ROBERT COHEN CLEAR SPRING- OBRYLAND m.o. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 230 BURIAL CREMATION. 236 DATE THEREOF Bu REMOVAL Specify) Feb. 6, 1967 Rose Hill Cemetery Hagerstown, Wash. Md. 2So REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Andrew K. Coffman Funeral Home Hagerstown, Md. lianles DATE

Tr.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02828 02824CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. cian and campletely filled in by the funeral ease remave carban papers. Pages I and and in any event, within 72 hours after deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE b. COUNTY Washington Maryland MARYLAND Washington b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
Hagerstown CLENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Imonth 27 Hagerstown davs d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give, street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 1500 Pennslyvania Ave. Roessner Ave State Hospital YES NO X NAME OF DATE Month Day Year DECEASED (Type or print) OF DEATH 196 6. COLOR OR RACE DATE OF BIRTH YEAR IF UNDER 24 HRS 7. MARRIED AGE (In years lost birthdoy) Hours Days Min. WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) JNDUSTRY USA? Pennslyvania 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME signed by the attending phy burial-transit permit. There burial, crematian, or removal Emmanuel Hoffman Myers Emma WAS DECEASED EVER IN J.S. ARMED FORCES? 17. INFORMANT Roesshers Ave. 16. SOCIAL SECURITY NO. (Yes, no, or unknawn) (If yes give wor or dates of service) -10-9491F Mr. Albert Z. Rowe Hagerstown. Md. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' DUE TO Conditions, if any, which gove rise to immediate couse (a). DUE TO as been s as the t prior to b stoting the underlying cause lost. 19 WAS AUTOPSY PERFORMED? has PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUL NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) far use Health CERTIFICAT YES NO. certificate ATTENDING PHYSICIAN: 200 ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 11 of item 18.) After this certifi OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e PLACE OF INTURY (Hame, form 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) (Stote) Hour om. While Nat While foctory, street, office bldg, etc.) 19 of work ot work 21. I certify that (I) (this haspital) attended the deceased from to C be retained TO FUNERAL DIRECTOR: and that death accurred at 15/M, from causes and on the date stated obove saw the deceased alive an 220 SIGNATURE 22b. DATE FIGNED ATTENDING ~ STAFF PHYS. 9 director, page 3 shauld be filed w M.D. PHYS. DIRECTOR 22d. ADDRESS 22c PHYSICIAN'S O HOSPITAL NAME (Type) 230 BUR AL, CREMATION 23b DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Iown) (Stote) By REMOYAY (Specify) Feb. 8-67 Williamsport Maryland Riverview Cemetery 2So REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 196 Albert L. Leaf Williamsport. Md.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02829 CERTIFICATE OF DEATH requires that the death tertificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. COUNTY o. STATE b. COUNTY WASHINGTON MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) 2 DAYS HOLLTDAYSBURG d. NAME OF HOSP-TAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RES DENCE ON A FARM? WASHINGTON COUNTY HOSPITAL NAME OF First Middle Lost 4. DATE Month Day DECEASED
(Type or pont) OF FEBRUARY SEWARD 9 67 LEWIS WOODSON IF UNDER 24 HRS 5 SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE {In years IF JNDER I YEAR 7 MARRIED NEVER MARRIED Last birthdoy) Months WHITE MALE JUNE 15. 1914 DIVORCED WIDOWED 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT 10o USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, exemply retired) EXPRESS GUILFORD CO. N. CAROLINA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or removal, W.C. SEWARD AUDREY HARVEY HIGH POLNAddresN. CAROLINA 16 SOCIAL SECURITY NO 17 INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes alle or unknown) (If yes give wor or dotes of service) UNKNOWN THOMAS W. SEWARD 1718 BETHEL DRIVE 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c))
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND/DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), DUF TO stating the underlying cause 19 WAS AUTOPS PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? detached for use te Dept. of Health NO YES 200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOT FY MED CAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or town) (Caunty) (Stote) 20k TIME OF INJURY Month, Day, Year factory, sinest, effice bidg, etc. of work of work O FUNERAL DIRECTOR: After attended the deceased fram 2-8, 1967, ta 2-9, 1967, that (I) (we) last 2-9 1967, and that deoth accurred at 186 M, from causes and an the date stated above 21. 1 certify that (I) (this haspital) attended the deceased fram. 1967, that (I) (we) last saw the deceased alive an_ 226 DATES GNED 22o. SIGNATURE ATTENDING 2/10/1967 M.D. DIRECTOR 22d, ADDRESS 22c. PHYSICIAN S ROBERT F. KEADLE M.D. 580 NORTHERN AVE. HAGERSTOWN. MD. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF 23d LOCATION (City or Town) (County) (Stote) BURYAH (Specify) FEB. 12,1967 FLORAL GARDEN PARK CEM. HIGH POINT, N. CAROLINA 250 REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS VR A15 (4) CHARLES M. ROUZER HAGERSTOWN, MARYLAND 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02830 CERTIFICATE OF DEATH the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and 2 nation, ar remayal, and in any execut, within 72 haurs after death. FITYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence by PLACE OF DEATH a COUNTY Washington a STATE Washington MARYI AND Marvland C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside corporate imits, write RURAL and give nearest tawn) Years Hagerstown Hagerstown d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? Penna. Ave. Penna. Ave. YES NO TO NAME OF Middle DATE Maeth First Year DECEASED OF DEATH Reginald Shifler February 26. Randolph 67 (Type or print) IF UNDER 1 YEAR 1 IF UNDER 24 HRS 8 DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Haurs WIDOWED DIVORCED August 5,1908 Male White 12. CITIZEN OF WHAT 10a USUA: OCCUPATION (Give kind of work done TOD KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or fareign country) COUNTRY? during most of working life, even if retired)
Riectrician INDUSTRY U. S. A. Mapleville. Md. ${f E}$ lectrical 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME William L. Shifler Ada Keller 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give war or dates of service) Mr. Shirley S. Shifler, Rfd. 1 Boonsboro, Md. No. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). berial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH W. W IMMEDIATE CAUSE (a) signed by be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave nse ta immediate cause (a), **DUE TO** stating the underlying cause os the O FUNERAL DIRECTOR: After this certificate has been of Health priar ta WAS AUTOPS PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? use YES NO 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20g. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e PLACE OF INJURY (Hame, form, (City or town) (County) 20d. INJURY OCCURRED TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg, etc.) Nat While at work at wark to 2 - 2 / - / 719 , that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 3-7 52.19 and that death accurred at 2 6M, fram causes and an the date stated above saw the deceased alive an 3-220. SIGNATURE 22b. DATE &IGNED ATTENDING PHYS M.D DIRECTOR PHYS 22c BHYSHCIAN 22d ADDRESS Page 4 may NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) 23a BURIAL CREMATION. 235 DATE THEREOF REMOVAL (Specify) 3- 1- 67 Boonshoro, Boonsnoro Cemetery 256 REGISTRAR'S SIGNATURE 25a REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro Md DATE



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02831 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 and in ony event, within 72 hours ofter death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) o. STATE e COUNTY b. COUNTY Washington MARYLAND Pennsylvania Franklin b CITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) c. CITY OR TOWN (If outside carparate limits, write RURAL and a ve nearest town) CLENGTH OF STAY IN 16 1 wk Hagerstown Waynesboro filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENC ON A FARMS 542 W. Main St. Garlock Convalescent Home NO E signed by the attending physician and completely to buriol-transit permit. Them please remove carbon buriol-transit permit. Them and in ony event, with 3. NAME OF Middle 4. DATE Year DECEASED Smith 187 Ida DEATH Feb (Type or pnnt) 9. AGE (in years IF UNDER IF UNDER 24 HRS S SEX 6 COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) Months Days Haurs Feb. 10. 1872 White WIDOWED DIVORCED Female 11. BIRTHPLACE (County & State, or foreign country) 10a. USDAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working , le, even if retired) COUNTRY? INDUSTRY Franklin Co., Penna.

14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME POVO David Zullinger Maria Fahrnev IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16 SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates of service W. Zullinger Smith Waynesboro. Penna no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinoma Of Colon Recent Page 4 may be retained by the hospital or ottending physician. OHE TO Conditions, if any, which gave Arteriosclerotic Cardio Vascular Disease Semiral vears rise to immediate cause (a). **DUE TO** stating the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept, of Health prior to lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO X 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Hour a.m. Nat While at work 2). I certify that (1) (this haspital) attended the deceased fram 1-20. 19 67, to 2-5-_, 19<u>67</u>, that (I) (we) last 1967, and that death accurred at 11:115M, fram causes and an the date stated above. saw the deceased alive an 2-1-22b. DATE SIGNED 22a. SIGNATURE PHYS M.O. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) Washington St 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial Waynesboro, Franklin, Green Hill Penna. 250 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL PIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 FEB 9 DATE Waynesboro. Penna.

A € . alo * a 4 1/

160	MARYLAND STATE DE Division of STATISTICAL RESEARCH AND RECORDS, 30	PARTMENT OF HEALTH 1 W. PRESTON STREET, BALTIMORE, MARYL	AND 21201						
TV.	02832 CERTIFICATE	OF DEATH	02825						
and death	PLACE OF DEATH o. COUNTY Washington MARYLAND	2 USUAL RESIDENCE (Where deceosed lived, if institut on Residence before admission) o STATE Maryland b. COUNTY Washington							
smpletely filled in by the furve carban papers. Pages I event, within 72 hours after	Landz Landz C. LENGTH OF STAY IN 16 Landz C. LENGTH OF STAY IN 16 Jrs.	c CITY OR TOWN (If outside corporate limits, write RU	RAL and give necrest town;						
in 72 ho	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Own Home	d. STREET ADDRESS	9. IS RESIDENCE ON A FARM? YES NO DE						
	3 NAME OF First Middle DECEASED (Type or print) NELLIE M. SMITH	Lost 4 DATE Moni							
	2. 112141 14111111	B DATE OF BIRTH -11-1888 9 AGE (In years - oest birthday) 70 Yrs.	IF UNDER YEAR IF UNDER 24 HRS Months Doys Hours Min.						
	100 USUAL OCCLPATION (Give kind of work done during most of working life, even if retired) HOUSOWITE 100 KIND OF BUSINESS OR INDUSTRY OWN Home	11 BIRTHPLACE (County & State or foreign country) Maryland	12 CITIZEN OF WHAT COUNTRY?						
D	13 FATHERS NAME Robert D. Willard	14 MOTHER'S MAIDEN NAME Sybil C. Wetze	01						
, or ren	(Yes no or inknown) (If we give wor or dates of service)	NFORMANT Address Y O. Smith Lantz.							
fronsi permit. Then please rem cremation, or remayal, argina	IB CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	y Cuemia	INTERVAL BETWEEN ONSET AND DEATH						
detached far use as the burial-transit permit. Then pl ie Dept. af Health priar ta burial, crematian, or remaval,	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	cen	2 nos.						
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19 WAS AUTOPSY PERFORMED? YES NO						
f. 01 De	PERFORME YES 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY Month, Day, Yeor Hour o.m. p.m. 19 PERFORME YES PAGE OF INJURY (Home, form, p.m., 19 PERFORME YES PORT IN OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MONTH), Day, Yeor Hour o.m. p.m. 19 PERFORME YES YES County) (County) (County) (County) (County)								
	21. I certify that (I) (this hospital) attended the deceosed from form the deceased alive on 1967, and that death accurred at 15 4M, from causes and an the date stated about 1967, and that death accurred at 15 4M, from causes and an the date stated about 1969.								
ed wit	220. SIGNATURE ATTENDING M.D. ATTENDING DIRECTOR D PHYS. 22b. DATE SIGNED 22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS								
director, page 3 shauld shauld be filed with the	22c. PHYSICIAN'S NAME (Type) James K. Gray 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	Thurmont, Md.							
Shat	BEHOVAL Process 2-15-67 Bethel Chu	rch of God Cascade	Md. Fred. Co						
A15 (A) M 1/66	Jaymon & Cicago Raymond E. Cre	DATE FEB 15 1967	Mearles Judas						

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased ved, if institution Residence before odmission) a COUNTY o STATE Maryland Washington 6 COUNTY Washington 늄 MARYLAND b CITY OR TOWN (If outside carporate limits, c LENGTH OF STAY IN 1b c CITY OR TOWN (if outside carparate limits, write RURAL and give nearest tawn) and winte RURAL and give nearest town) offer Lantz yrs. d NAME OF HOSP TAL OR INSTITUT ON (f not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 haurs Own Home Item 18. Give Pages NO X after death 3 NAME OF First Middie Last 4. DATE Manth DECEASED 0F ROY SMITH 12 Ω_{-} Feb. 67 (Type or print) DEATH with t S SEX 6 COLOR OR RACE IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED DATE OF BIRTH 9 AGE (In years lost butinday) Manths Days white 6-20-1884 male DIVORCED 24 haurs 100 LISUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 1) BIRTHPLACE (State or fare go country) 12 CITIZEN OF WHAT during most of warking life, even if retired)
Laborer Maryland 13 FATHER'S NAME penci 14 MOTHER'S MAIDEN NAME be executed within Examy Elizabeth Charles Smith unknown) and 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates of service) permit. "pending" removal 162-26-5337 Mrs. Mildred Lewis Lantz. Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH 5 mough IMMED ATE CAUSE (a) cate, writing the ward be farwarded ta the Ch certificate shauld crematian, DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO 0 stating the underlying cause ď burrol, (used PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO A p 20a EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part I af item 18.) 3 shauld agent, priar PRIMARY CONTRIBUTING C CAUSE OF DEATH 20c T ME OF INJURY Manth, Day, Year 20d IN.JRY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur o.m. factory, street, affice bldg., etc.) FUNERAL DIRECTOR: Page at wark at work 21 I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X. and in my opinion the funeral directar. death resulted fram Natural causes 📆 Accident . Suicide 1. Hamicide Undetermined manner may be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY 5 may be 10 FUNERAL Health ar 1 2-12-67 DEPUTY MEDICAL EXAMINER -217 W.WASH.ST AND HAGERSTOWN WIND 23c. NAME OF CEMETERY OR CREMATORY **BURIAL, CREMATION** 23d LOCATION (City or Town) (State) 2-15-67 Bethel Church of God Cascade. Md. Fred. 24 BUNERAL DIRECTOR Raymond 25b REG STRAR'S SIGNATURE Creager VR A15ME 1967 6M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02834 CERTIFICATE OF DEATH 02827 requires that the death certificate be executed within 24 havrs after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and partian, ar remaval, and in any event, within 72 hours after de<u>of</u> o COUNTY Mashington L COUNTY Washington a. STATE Maryland MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest tawn) C LENGTH OF STAY IN 16 Years Boonsboro Boonsboro d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NOW 320 N. Main St. 320 N. Main St. 3. NAME OF First Middle 4. DATE Manth Day Year DECEASED (Type or print) OF DEATH February 22, Harlan Kerr Snvder 9 AGE (In years last birthdoy) IF UNDER 1 YEAR | IF UNDER 24 HRS SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED T DIVORCED Oct. 29, 1873 Male White 10a, USJAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State or foreign country) during most of working life, even if retired) Milling COUNTRY? Myersville, Fred. Co.Md Truck Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME M. Hamilton Snyder Ann M. Smith 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Hedgerstown, Md. 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war or dates of service) 213-01-1126 Mr. M. Luther Snyder, 305 West Side Ave., No. 18 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY INTERVAL BETWEEN burial-transit DNSET AND DEATH thromboin IMMEDIATE CAUSE (a) DUE TO 5 minufelenosis Canditions, if any, which gave rise to immediate cause (o). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 24 PAS AUTOPS far use PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 200 ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Ooy, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form (City or fown) (County) (Stote) factory, street affice bldg etc.) Not While at wark 4-25-1959, to 2-22-21 1 certify that (1) (this haspital) attended the deceased fram____ 19 67, that (1) (we) last 2-22- 1967, and that death occurred at 32P M, from causes and an the date stated above saw the deceased alive an 22b DATE SIGNED 220. SIGNATURE -ATTENDING MED.
DIRECTOR 2 - 23. M.D. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S SECONDAR1 BOONSTBORD MA NAME (Type) 23a BUR-AL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Buria I 2- 25- 67 Boonshoro IId. Boonsboro Cemetery 2Sp. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 John H. Bast, Jr. 112 N. Main St. Boonsboro . Vd. DATE



1/	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	02835 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02828
HEALTH DEPT.	PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY
y delay is ond 3 ta PM3. Page artment of frer death.	b CITY OR TOWN (If autside corporate limits, C.ENGTH OF STAY IN 16 CITY OR TOWN (If auts de carparate limits, write RURAL and give nearest town)
y de 2, and PM3 artm fter	Write RURAL and give nearest town) Halfway Passing thru AKRON 72.3
th If Cay delay is ges 1, 2, and 3 ta farm PM3. Page of Department of naurs after death.	d NAME OF HOSPITAL OR VISTITUT ON (If not in hospital, give street address) 2200 Block Virginia Aug. 3303 Ctt. of PA YES NO PA
offer death If Cry delay 8 Give Pages 1, 2, and 3 along with farm PM3. Pay with the State Department within 72 naurs after deat	3. NAME OF Frst Middle Last DATE Month Day Year
ofter death 8 Give Page along with f with the State within 72 na	(Type or pnnt) W///22 LM TO C WAY SUY DEATH F2 B 1967 S. SEX 6 (O.OR OR RACE 7 MARRIED TO MEVER MARRIED TO B DAY OF B.RTH 19 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS
ors of	Male White WIDOWED DIVORCED 7-15-42 last birthday) Months Days Hours M.n
Part of the part o	10a JSUAL OCCUPAT ON (Give kind of wark done during most of warking life, even fretized) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (State or fareign country) 11 BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? 13. COUNTRY?
thin 24 miner's miner's pager in any	13. FATHER'S NAME
d within 2 in pencil i Examiner Examiner file page	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address
ecuteding" i	(Yes, na, arunknown) (If yes give war or dates at service) 286-36-3327 U.S. NAVAL RECORDS Na PEOLK VA
s certificate should be executed within s. writing the ward "pending" in pencil farwarded to the Chief Medical Examine used as a burial-transit permit. File page to burial, crematian, ar removal, and in a	18 CAUSE OF DEATH (Enter only one couse per I ne for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (7) Suffoce tive due As pize Africa Blood ONSET AND DEATH
uld b and ' e Chi e Chi an, a	DUE TO from Mand Town to Fraction Mande blo do Min
sho he w to th buric	rise to immediate cause (a).
certificate should writing the ward inwarded to the Chased as a burial-treburial, cremation,	lost (c) Razin Stewn Turkey
This certificate totale, writing the be farwarded to be used as a king to the used as a king to the transmission of transmission of the transmission of the transmission of the transmission of the transmission of transmission o	PART II OTHER S GNIFICANT CONDITIONS CONTRIBLE ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO NO
MESTAL EXAMINER: This of please execute the certificate, all directar. Page 4 should be faretained far your files. L DIRECTOR: Page 3 should be units designated agent, prior to be	20g EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port or Port If of item 18.)
EXAMINER: Ti cute the certifica age 4 shauld bu your files. Page 3 shauld I	5 20c TIME OF BUILDY Month Day Year 20d NJIRY OCCIRRED 20d PLACE OF MUIRY (Home form 20d (City or town) (Caunty) (State)
XAM ge 4 your age 7	at wark at wark at the second of the second
AL E executir. Pay If ar IOR: In Indian	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , ond in my opinion death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
o DEPUTY MESTCAL EXAMINER: necessary, please execute the certifi the funeral director. Page 4 should 5 may be retained far your files. D FUNERAL DIRECTOR: Page 3 should Health or its designated agent, prior	ACTUAL CO. CHIEF MEDICAL EXAMINER C
	SIGNATURE CALLACTOR ASSISTANT MEDICAL EXAMINER LI
TO DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health or i	EXAMINER'S NAME (Type) Political Title (Type) Politi
0 m = ~ 0 m	BENDVA (Specify) 2-22-67 EAST LIBERTY CEM GREEN GONSHIP SUMMIT OHIO
VR A15ME (5) 6M 1/66	24 FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE SALAMONE FUNERALHOME FREDERICK, MD. DATECTO D. T. CO.
OW. 1700	ALT LINE LANGE IN THE LANGE OF



		02836	CERTIFICA	ATE OF DEATH		teg. Dist. No. 02829
,	1.	PLACE OF DEATH COUNTY Washington	MARYLAND	2. USUAL RESIDENCE (Where o. STATE liarylar	deceased lived. If institution:	Residence before admission) Washington
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hamer Stown	c LENGTH OF STAY IN 16		ide corporate limits, write RUR illiamsport	AL and give nearest lown)
5 7		d. NAME OF HOSPITAL (If not in hospital, give street or institution Washington County Hosp		d. street address R.D. #	1	e IS RESIDENCE ON A FARM? YES NO
	3	NAME OF First DECEASED JUNE (Type or print)	Middle R.	SPONG 4.	DATE Month OF DEATH Feb	Day Yeor 1 19 67
		Female White Widow	ED DIVORCED	Jan. 9, 1918	49 yrs.	UNDER I YEAR IF UNDER 24 HRS Aonths Days Hours Min
		USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSEWIFE	KIND OF BUSINESS OR INDUS	Charles Tov	rareign country) vn , V .V .	USA
	13.	Joseph Marlowe		Rhea M. Woo]		
	15. {Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. In no. or unknown) (If yea, give wor or dates of terrice) 2		arl Spong, R.D.	Address . 1, Williamsp	
		IB. CAUSE OF DEATH [Enter only one couse per II] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	he far (o). (b), and (c) j Nemu a		*	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.	retastabre	Carcun!	_	one yr
2	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter nature of injury in Part		
	MEDICAL	Haur a.m. While		ACE OF INJURY (Home, form, tary, street, affice bldg., etc.)	20f (Cily ar lown)	(Caunty) (Stole
		21. I certify that I attended the decease alive an 2 19 ACTUAL SIGNATURE ACTUAL	/ /		ab.	that I last saw the deceased an the date stated abare) DATE SIGN
1		PHYSICIAN'S Donald E. Martin	, M.D.	418 N. Poto	mac St., Hage	rstown, Md. 21
-		PEURIAL CREMATION 226 DATE THEREOF 2/4/1967 FUNERAL DIRECTOR'S SIGNATURE	22C. NAME OF CEMETERY OF ROSE HILL C	CREMATORY 220 EMETER Y 24g, REC'D 8	HAGERSTON V. REGISTRAR 246 REGISTRA	
En	2	10 1 0. D 111.		NNA. DATE	8 6 1967	and a day On the



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02837 CERTIFICATE OF DEATH and completely filled in by the funeral remove carban papers. Pages 1 and 2 Thate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) PLACE OF DEATH O (QUATY Washington Washington MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Hagerstown Hagerstown Maryl and B IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS Washington County Hospital W. Charles Street YES 🗍 NO X 3 NAME OF First Middle East 4 DATE Dov Year DECEASED (Type or print) Edna Stribling Al vce DEATH Feb S SEX AGE (In years IF UNDER 24 HRS. 6 COLOR OR RACE 7 MARRIED DATE OF BIRTH NEVER MARRIED lost berthdoy) Months Hours Doys Mar 14 1900 Colored DIVORCED Female WIDOWED 100 USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT pleose Inen please during most of working life, even if retired)
Domestic COUNTRY? INDUSTRY USA Private family Charlestown, W.Va. 13. FATHER 5 NAME 14. MOTHER'S MAIDEN NAME remayal, Edward L. Braxton Smith Eliza IS WAS DECEASED EVER IN U.S. ARMED FORCES? IA SOCIAL SECURITY NO 17. INFORMANT law requires that the death signed by the attendin 57. W. Charles Hagerstown Md. permit. (Yes, no, or unknown) (If yes give war or dates of service) 2 James W. Stri no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY burial-transit ONSET AND DEATH MMEDIATE CAUSE (a) by the hospital ar attending physicion. DUF TO Conditions, if any, which gave 0749210 45/11729 nse to immediate couse (a), DUE TO stoting the underlying couse prior to O FUNERAL DIRECTOR: After this certificate has been last WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached far use NO 20a ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work L 21. I certify that (I) (this-hospital) attended the deceased fram No b. 193/7.10 Feb 2 . 19_67, that (I) (we) last O HOSPITAL OR ATTEND Page 4 moy be retained should 19.67, and that death accurred at 5.19. M, fram causes and an the date stated above. saw the deceased alive on Fab 22o, SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. director, poge should be filed 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) 23b DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) REMOVAL (Specify) 6 Fairview Cemeterv Charlestown ADDRESS 250 REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Melarley VR A15 (4) 20 M 1/66



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. COUNTY a. STATE b. COUNTY 表之者 2 MARYLAND pue b. CITY OR TOWN (if outside corporate) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town 37 hours after d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? completely papers. YES NO NAME OF DECEASED DATE Ynar OF within (Type or print) DEATH 1962 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED pue AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS last birthdey) Monthal WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) 13. FATHER'S NAME Then removal, S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT (Yas, no, or unkown) | (If yes wa we rordates of service) ģ 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (c). ō ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed IMMEDIATE CAUSE (a) burial-transit DUE TO gave rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 38 0 CERTIFICATION PERFORMED? USB Prior NO I P 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part It of item 18.) Health detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Steta) Not While factory, street, office bldg., etc.] While Hour a.m. DIRECTOR et work al work p.m. plnods 22e. SIGNATURE 22b. DATE ATTENDING SIGNED STAFF HOSPITAL FUNERAL paged H DIRECTOR PHYS. PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S ector, | NAME (Type) Filad David R. Hoss. Shady Grove. Pennsylvania 17256 23a, BURIAL, CREMATION, | 23b. NAME OF CEMETERY CREMATORY 23d. LOCATION (City, fown or county) State OF REMOVAL (Specify) REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 20M S-63



# 12 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02832
dear dear	1. PLACE OF DEATH a. COUNTY a. COUNTY b. COUNTY b. COUNTY
hours after 1 in by the fi s. Pages 1 hours after	Washington MARYLAND STATE West Virginia Berkeley
s af	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
hours d in by rs. Pa	Hagerstown Bunker Hill
24 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Friendship Manor Nursing Home
in 2 ly fi thin	2026 Virginia Avenue Route 1 YES NO KI
with lete rbor r, wi	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASEO OF The Decease OF Th
omp ca veni	(Type or print) Carson E. Swisher DEATH February 19 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. ACE (in years Tennor 1 year Tennor 1 year
executed within 24 hound and completely filled in remove carbon papers. In any event, within 72 ho	Male White WIDOWED DIVORCEO April 5, 1878 88 vrs.
exi n ar in a	10a. USUAL DCCUPATION (Cive kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
siclan	Lumber dealer INDUSTRY Lampshire Co., W. Va. COUNTRY? U.S.A.
physic n ples	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
e death certifica thm attemdinm ph it permit. Then nation, or remova	Perry Franklin Swisher Christina Spaid
telld or re	15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)
leath ath	No No 236-62-5423 Mrs. Paul Stotler Martinsburg, W. Va.
£ . 525	18. CAUSE OF OEATH [Enter only one cause per line for (a) (b), and (c).] PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) ONSET AND OEATH IMMEDIATE CAUSE (a)
res that physician physician ingne to unial-tran burial-tran	X DUE TO A A A DOTA
requires the nding physic bean aligned the burial-location to burial-location.	Cenditions, If any, which) (b) (abelly, telling)
aw requi	gave rise to Immediate cause (a), stating the OUE TO
	underlying cause last. (c)
(D) (C)	PARTIT. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATHBUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	202. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
PHYSICIAN: The the hospital or a this certificate detached for us to Dept. of Health	B DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMPLE)
the this this deta	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, effice bidg., etc.) While at work at work.
	21. I certify that (I) (this hospitall attended the deceased from 19 to 1, 196 , that (I) (we) last
sho sho	saw the deceased alive pn 19 6 and that death occurred at //s) M, from the causes and on the date stated above.
<u></u>	ATTENDING ATTEND
= 0 - 0 -	M.D. PHYS. DIRECTOR PHYS. 122d. AOORESS
HOSPITAL Age 4 may FUNERAL irector, pa	NAME (Type), M. VCall / Hagerstown, Maryland
O HOSPITA Page 4 m O FUNERAL director, 1 should be	23a. BURIAL CREMATION, 1 23b. DATE THEREOF (1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
51 of 150 days	REMOVAL (Specify) Burial 2-22-1967 Fairview Lutheran Cemetery Frederick County, Va.
	24. FUNERAL DIRECTOR ADORESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4)	Brown Funeral Home Martinsburg, W. Va. OFEB 21 1967 Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 200 2023 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: a. COUNTY b. COUNTY in by the fusion Pages 1 is hours after of MARYLAND WASHINGTON WASHINGTON MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 40 YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE event, within 72 ON A FARM? 46 E. IRWIN AVENUE WASHINGTON COUNTY HOSPITAL YES NO X completely 1 ve carbon p within 3. NAME DE First Middia Last DATE DF Month Day DECEASED 19 67 CLARENCE FEBRUARY (Type or print) ANDREW TARNER DEATH 11 AGE (in years | IF UNDER 1 YEAR | F UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED MAT.E FEB. 24,1888 WIDDWED [DIVORCED [10a, USUAL OCCUPATION (Give kind of work done | 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
RETIRED SUPRV MACHINE PENNA. FRANKLIN CO.. certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB H. TARNER TDA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT HAGERSTOWNS MARYLAND 5 (Yes, no. or unknwn) : (If yes give war or dates of service) 70**5-10-5**452 43 E. IRWIN AVE. NO MRS. EMMA TARNER INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Card IMMEDIATE CAUSE (a) signed DUE TO been sig Conditions, If eny, which 6 10 m 605 15 gave rise to Immediate as the prior to DUE TD cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? for use Health use certificate NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. at work at work p.m. OIRECTOR: A age 3 should liled with the 21. I certify that (I) (this hospital) attended the deceased from Tul-19 67, that (1) (we) last and that death occurred at ZA_M, from the causes and on the date stated above. saw the deceased alive pn________ 22b. 22a. SIGNATURE page ATTENDING PHYS. DIRECTOR M.D. Page 4 may PHYSICIAN'S NAME (Type) ADDRESS TO FUNERAL 22c. director, p POTOMAC ST. HAGERSTOWN. MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (State) BURTLAL (Soecify) CHAMBERSBURG. PENNA. NORLAND CEMETERY 1967 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** CHARLES M. ROUZER HAGERSTOWN. MARYLAND VR AI5 (4) 20M 1/65





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02842 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. mpletely filled in by the funeral corbon papers. Pages I and event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY o. STATE b COUNTY Washington Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town Hagerstown San Mor 3 urs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Jahrney Keedy Home 867 Mulberry Ave. NO K 3 NAME OF Middle 4 DATE Doy Year DECEASED Isaac Samuel Wampler Pebruary 19 67 (Type or print) DEATH 9 AGE (In years IF JNDER 1 YEAR S SEX 6. COLOR OR RACE **NEVER MARRIED** B DATE OF BIRTH IF UNDER 24 HRS 7. MARRIED buthdoy) Dovs White Nov. 19, 1892 Cale WIDOWED DIVORCED 10o LISUAL OCCUPATION (Give kind of work done 106 KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working the even if retired Right Of Way Agent ELEC-Power Co. signed by the ottending physician buriol-transit permit. Then please Nr. Harrisonburg. Va. 13. FATHER S NAME 14. MOTHER S MAIDEN NAME David Wampler Betty Miller Address Hagerstown, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 217-10-9575 Mrs. Jessie Wampler 867 Mulberry Ave. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY. INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO r10501210214 Conditions, if ony, which gove nse to immediate couse (a), DUE TO stating the underlying couse Poge 4 may be retained by the hospital or attending as the prior to has been los? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED WAS AUTOPS PERFORMED? NO this certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH director, page 3 should be detached 1 should be filed with the State Dept. of (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m foctory, street, office bldg., etc.) Not While of work O FUNERAL DIRECTOR: After director, page 3 should be d ot work , 1953 to Fib 12 , 1967, that (1) (we) last 2]. I certify that (1) (this hospital) attended the deceased fram MI 14 saw the deceased alive an FRb 12 1967, and that death accurred at & 3v PM, from causes and on the date stated above 220 SIGNATURE 22b. DATE SIGNED DIRECTOR 22d ADDRESS 22c. PHYS CIAN S NAME (Type) to ma 230 BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Rest Haven Cemetery Hagerstown 250' REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 Rest Haven Juneral Hagerstown Md.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02843 CERTIFICATE OF DEATH death filled in by the funeral papers. Pages 1 and PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) be executed within 24 hours after dea o. COUNTY Washington a. STATE b COUNTY Wash. MARYLAND b. CITY OR TOWN (If outside corporate limits, c CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16 write RURAL and give nearest fown) Hagerstown 50 years Hagerstown d. STREET ADDRESS d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENCE ON A FARM? 1001 Main Ave. Western Md. State Hospital YES NO Middle carban 3 NAME OF DATE First Month Day Year DECEASED EUGENE WASSEN FEB **左**ARL (Type of print) DEATH IF UNDER 1 YEAR IF JNDER 24 HRS AGE (In years S SEX 6 COLOR OR RACE 7 MARRIED **NEVER MARRIED** B. DATE OF BIRTH remove Hours WHITE MALE DIVORCED 12 CITIZEN OF WHAT 10a JSUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or fareign country) ease during most of working life, even if retired) machinist INDUSTRY aircraft Mf. Washington Co., requires that the death certificals Md. 13 FATHER'S NAME ᇻ or removal, signed by the attending phy burial-transit permit. Then John B. Wassen Eliza Denrus 16. SOCIAL SECURITY NO. 17 INFORMANT Address 15. WAS DECEASED EVER IN J.S. ARMED FORCES? (Yes, na, ar unknown) ((If yes give wor or dates of service) 214-09-1719 Mrs. Stella Wassen, Hagerstown, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH PNEUMONIA MARKED IMMEDIATE CAUSE (a) DUE TO MYELOMA EXTENSIVE AUG. 1963 Conditions, if any, which gave rise to immediate couse (a), DUE TO stating the underlying couse has been last. 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) SEVERE EMACIATION YES NO this certificate 20a ACCIDENT WAS UNDERLYING 205 DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or lawn) (County) (State) 20c TIME OF INJURY Month, Day, Year Hour a.m. Not While factory, street, affice bldg , etc.) at wark at work TO FUNERAL DIRECTOR: After 1964 to 1960 /, that (1) (we) lost 21. I certify that (1) (this haspital) attended the deceased fram. 1967, and that death occurred at 610 PM, from couses and an the date stated obove. director, page 3 shauld shauld be filed with the saw the deceased olive on_ 22b. DATE SIGNED 22a. SIGNATURE Francisco ATTENDING DIRECTOR 22d ADDRESS WESTERN Page 4 may LITER 217 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 2-26-67 Funkstown, Md. Funkstown Cemetery 2Sb. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) Minnich Funeral Home, Hagerstown, Md. 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02844 death. be executed within 24 hours after death. pup 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND WASHINGTON MARYLAND WASHINGTON c CITY OR TOWN (If outside corporate limits, write RURA), and give nearest town) b City OR TOWN (If outside corporate I mits, C LENGTH OF STAY IN 16 write RuRAL and give nearest town) papers Pag hin 72 hours (HANCOCK HANCOCK YRS. d STREET ADDRESS IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) and campletely filled in 237 STREET NO XX W. MAIN STREET NAME OF Middle Last DATE Doy Year DECEASED WIDMEYER 1967 McCLAIN DEATH FEBRUARY (Type or print) remove car 1F UNDER 1 YEAR B. DATE OF BIRTH 9. AGE S SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 57 ast birthday) n years Months Davs haurs /22/1909 MALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 10a. JSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 1) BIRTHPLACE (County & State, or foreign country) please COUNTRY? during most of working life, even if retired) INDUSTRY WASHINGTON CO. . MD. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME the attending physical sit permit. Then LAURA ROSELLA WILKINSON JOHN LACKLOR WIDMEYER 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address MAIN requires that the death STREET (Yes no, or unknown) (If yes give wor or dates of service) 220-44-0492 HANCOCK. MARYLAND VIOLA M. WIDMEYER NO INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for signed by the burial-transit p PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause O FUNERAL DIRECTOR: After this certificate has been the of Health prior to WAS AUTOPSY PART UNDTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO YES [20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) 20a ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, farm, (City or fown) (County) (State) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Not While at wark ____, 19____, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that dearn accurred at 11:10 M, fram causes and an the date stated above. saw the deceased olive an 22b. DATE SIGNED 22a SIGNATURE ATTENDING DIRECTOR M.D PHYS 22d. ADDRESS PHYSICIAN'S NAME (Type) director, shauld 23c. NAME OF CEMETERY OF CREMA TOP 23a BURIAL CREMATION, 23h DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 2/18/67 ST. THOMAS EPISCOPAL HANCOCK. WASHINGTON MD 25b REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 HANCOCK, MARYLAND



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND. CERTIFICATE OF DEATH pinous 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY **b.** COUNTY by the and 2 death. Washington Marvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give naares) town) write RURAL and give nearest town) .5 7 after Boonsboro Vrs. Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) hours d. STREET ADDRESS IS RESIDENCE ON A FARM? 1731 Montpelier Street papers. n 72 hor completely Fahrnev-Keedv YES NO . 3. NAME OF 4. DATE Middle Month DECEASED within [Type or print] Williams DEATH Earl Reese 20 196.7 carbon 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH IF UNDER 24 HRS 9. AGE (In years , IF UNDER 1 YEAR and last birthday) Months event, requires that the death certificate Male WIDOWED K DIVORCED 1/2/1881 physician remove 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 17. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) any USA Post Office Washington, Md. 8,5 13. FATHER'S NAME Then prese 14. MOTHER'S MAIDEN NAME Tilghman Weagley Williams Ann Frances Reese remov**m**l, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | [liyes giva werordatas of sarvice) PHYSICIAM: the hospital or attending physician. Mr. Calvert Ford, 3223 Montebello Terrace #14 18. CAUSE OF DEATH (Enter only one cause per line for ia), (b), and (c).) INTERVAL BETWEEN ONSEY AND DEATH 6 PART I. DEATH WAS CAUSED BY: cremation, IMMEDIATE CAUSE (a) the burial-transit burial, cremation 7000 DUE TO Conditions, if any, which (6) gave rise to immadiate couse DUE TO (a), stating the underlying causa last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY Se 2 CERTIFICATION PERFORMED? prior use NO D for 208. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Peri I or Part II of item 18.) DIRECTOR: After this Health OR CONTRIBUTING [7] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) be retained by 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, (Steta) Month, Day, Year 20f. [City or lown) (County) ŏ Whila Not While factory, streat, office bldg., atc.) Hour a.m. at work al work p.m. 2 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last plnous M, from he causes and on the date stated above. saw the deceased alive on, ., and thet/death occurred at/ Yen. 22a. SIGNATURE 22b. DATE death. Page 4 ATTENDING SIGNED HOSPITAL page PHYS. U DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS director, E NAME (Type 236. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) /22/67/ Moreland Memorial Cemetery Baltimore, Md. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15 (4) 20M 5-63

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02846 21 hours after duath PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) WASHINGTON a. STATE b. COUNTY WASHINGTON MARYLAND ompletely filled in by the fur ve carban papers. Pages 1 event, within 72 haurs after c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. write RURAL and give necrest town) MULBERRY ST. YRS. HAGERSTOWN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? HAGERSTOWN HOSPITAL YES NO I executed within NAME OF Middle 4. DATE Month Year Dov DECEASED OF 19 Type or print) DEATH SEX DATE OF BIRTH AGE (In years IF UNDER COLOR OR/RACE 7. MARRIED NEVER MARRIED lost birthday) Months Days Hours Men. in any 1/1884 WIDOWED DIVORCED 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 16a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY COUNTRY physician and MARYLAND HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, requires that the death certi MARY ANN SMITH WILLIAM SPRECHER Address HAGERSTOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service -WILLMAN MD LUTHER INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a) signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if only, which gove (b) rise to immediate couse (a). DUE TO stating the underlying cause the has been last ATTENDING PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) WAS AUTOPSY PERFORMED? CERTIFICATION NO YES 200, ACCIDENT WAS JNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port (I of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20a PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour 'o.m. foctory, street, office bldg., etc.) While Not While of work at work 21. I certify that (I) (this haspital) attended the deceased fram be filed with the saw the deceased alive or and that death accorred at TO FUNERAL DIRECTOR: from causes and an the date stated above 22a, SIGNATURE **ATTENDING** STAFF PHYS. 8 DIRECTOR PHYS 22d ADDRESS 22c. PHYSICIAN S NAME (Type) director, p 23d. LOCATION (City or Town) 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION WASHIGTON 2/8/67 CHURCH CEM. MD MANOR 25b REGISTRAR'S SIGNATURE **ADDRESS** REC'D BY REGISTRAR 24 FUNERAL 2So VR A15 (4) 25M 1/67 DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02847 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) PLACE OF DEATH a COUNTY Washington Maryland b. COUNTY Washington MARYLAND b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 116 Hagerstown Hagerstown Yrs d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled in d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Moller Rarkway 28 Moller Parkway NO X YES E A 3 NAME OF Middle 4. DATE First Lost Manth Year DECEASED OF DEATH RICHARD COALE Feby 22 1967 event (Type or print) WITTISON 19 9. AGE (In years IF LINDER 1 YEAR | IF LINDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED remayer last birthday) Davs Haurs Male White 1900 and in any WIDOWED DIVORCED Aug and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
Surerintendent INDUSTRY attending physician permit. Then please Water Hagerstown Wash Co Md Dept 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME signed by the attending physi burial-transit permit. Then pl burial, crematian, or removal, Walter D. Wilksom Frances R. Aumen 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, ar unknown) (If yes give war ar dates of service) 2-38-8481 Mrs Anna W. Willson 28 Moller Pkwy Hagerstown Md. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH issecting Acrtic Aneurysm IMMEDIATE CAUSE (a) by the haspital ar attending physician. DUE TO Conditions, if ony, which gove Seneralized Clerosis rise to immediate cause (a), DUF TO stoting the underlying cause as the has been State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? mild NO E TO FUNERAL DIRECTOR: After this certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) ot work Not White , 1954 to Feb 22 . 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. 1967, and that death accurred at \$300 M, from causes and an the date stated above saw the deceased alive an Feb 27 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. director, page 3 should be filed v DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN Hecetitoun NAME (Type) N. Poto mac 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION (County) Rest Haven Cemetery Hagerstown Wash BREMOVAL (Specify) 2/25/67 Co Md town Manuess Hagerstown 25b. REGISTRAR'S SIGNATURE 2Sg. REC'D BY REGISTRAR

